

Name

in  
Full

Wm H Albough

## CERTIFICATE OF DEATH

Died at		Town Frederick		County Frederick		MARYLAND	
Date of death 1903	Month Mar.	Day 11	Age 74	Years	Months	Days	
Sex male	Color or Race white		Birth- place Frederick Co.				
Married, Single or Widowed married			Occupation				
Name of Wife or Husband Lillie Gannon							
Father's Name Absalom Albough			Father's Birthplace Unknown				
Mother's Maiden Name Rebecca Rice			Mother's Birthplace Unknown				
Name of person giving in formation Wife Mrs Albough			How related to deceased wife				

## CAUSES OF DEATH

Primary	Alcoholism 56	How long	30 years
Immediate	Heart failure	How long	few hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician Lillie	
yes		Address 17 E 2nd St Frederick md	
Accident or Suicide?			

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

2

St John

ccc



Name in Full

*Matilda Alexander*

Town

County

MARYLAND

Died at *Middletown*

*Frederick*

Date *1903* Month *March* Day *16*

*1903*  
Age *79*

M. D.

Native of

Occupation

*Ind. Housewife*

~~Male~~

White

~~Man~~

~~Widow~~

~~Divorced~~

Female

~~Colored~~

Single

~~Widow~~

~~Number of children living~~

Husband of *[Redacted]*  
Wife of *[Redacted]*

Father's Name *G. W. Alexander*

Mother's Name

Cause of Death { Primary *Debility of Age* 13  
Immediate *Heart failure*

How long sick *under treatment 3 days*

~~Location of Burial~~

Reported by *E. L. Beckley Ind*  
Address *Middletown Ind*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

James C O

Augroine

Town

County

MARYLAND

Died at

Frederick

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

03 Mar 24

Age

2

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Wm Augroine

Mother's

Maiden Name

Jennie

Cause of

Primary

Croupous Pneumonia

How long sick

4 days

Death

Immediate

Asphyxia

Accident, Suicide, Homicide

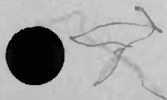
Reported by

Dr. W. C. Cundy M.D.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79808



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Hazel Elizabeth Baker</i>		Town <i>McKaig</i>		County <i>Fredrick</i>		MARYLAND	
Died at <i>McKaig</i>		Date of death 190 <i>3</i>		Month <i>3</i>	Day <i>16</i>	Age <i>5</i>	Months <i>6</i>
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>McKaig</i>			
Married, Single or Widowed <i>A</i>				Occupation			
Name of Wife or Husband							
Father's Name <i>Henry William Baker</i>				Father's Birthplace <i>Fredk. Co</i>			
Mother's Maiden Name <i>Alda May Brall</i>				Mother's Birthplace ...			
Name of person giving information <i>Father</i>				How related to deceased			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Meningitis</i>	How long <i>4 days</i>
Immediate <i>Erysipelas</i>	How long <i>4</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. J. Seib</i>
	Address <i>McKaig</i>
Accident or Suicide?	<i>(over)</i>

Interment. Mar 18<sup>th</sup>

" at Mt Zion Cemetery  
at Mcraig

A T Rice & Son's.



Name  
in  
FullTO BE ANSWERED BY  
NEAREST FRIEND

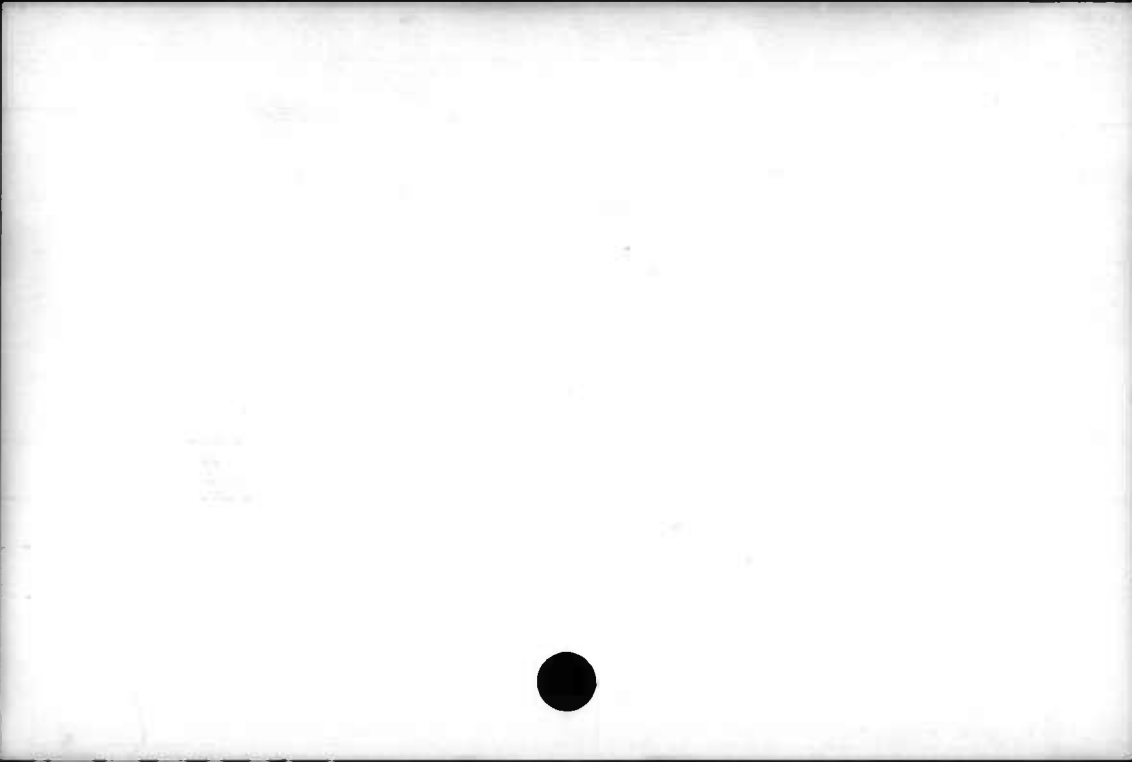
## CERTIFICATE OF DEATH

Died at <i>New Market</i> <sup>Town</sup>		<i>Frederick</i> <sup>County</sup>		no. 10		MARYLAND	
Date of death 190 <i>8</i>	Month <i>3</i>	Day <i>11</i>	Age <i>60</i>	Years <i>—</i>	Months	Days	
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>New Market Dist</i>					
Married, Single or Widowed <i>Married</i>	Occupation <i>Farmer &amp; Laborer</i>						
Name of Wife or Husband <i>Mary M Baker</i>							
Father's Name <i>John Baker</i>				Father's Birthplace <i>Swon Co</i>			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information <i>Dr Downey</i>				How related to deceased <i>Not related</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Pneumonia</i>	<i>93</i>	How long <i>9 days</i>
Immediate <i>Exhaustion</i>		How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Downey &amp; Hopken</i>	
<i>So far as I know</i>	Address <i>New Market</i>	
<input checked="" type="checkbox"/> Accident or Suicide?		



Name In Full

Certificate of Death

Thelma Pauline Baumgardner

Died at <sup>Town</sup> Indersuch <sup>County</sup> \_\_\_\_\_ MARYLAND

Date	19	03	Month	Day	Age	Y.	M.	D.	Native of	Occupation
			3	4			5	21	US	P

~~Male~~      White      Married      Widow      ~~Divorced~~  
 Female      ~~Colored~~      Single      ~~Widower~~      Number of children living

Husband of  
Wife
 Father's Name Thos H Baumgardner      Mother's Name Miss Daisy Sparrow  
 Maiden Name \_\_\_\_\_

Cause of	Primary	How long sick
	<u>Measles</u>	

Death	Immediate	Accident, Suicide, Homicide
	<u>Broncho-Pneumonia</u>	

 Reported by Franklin T Buchanan  
 Address Indersuch MD

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Charles Henry Brooks  
 Town County

Died at

Brookville

Frederick

MARYLAND

Date 19

3

Month

3

Day

7

Y.

M.

D.

Age

66.1 14

Native of

Maryland

Occupation

Male

~~White~~

Married

Widow

~~Divorced~~~~Female~~

Colored

~~Single~~

Widower

Number of children living

9

Husband

of

Maria Brooks

Father's

Name

James Brooks

Mother's

Maiden Name

Muscillia Jackson

Cause of

Primary

Typhoid Fever

How long sick

4 weeks

Death

Immediate

Accident, Suicide, Homicide

Reported by

Saml Classet M.D.

Address

Petersville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

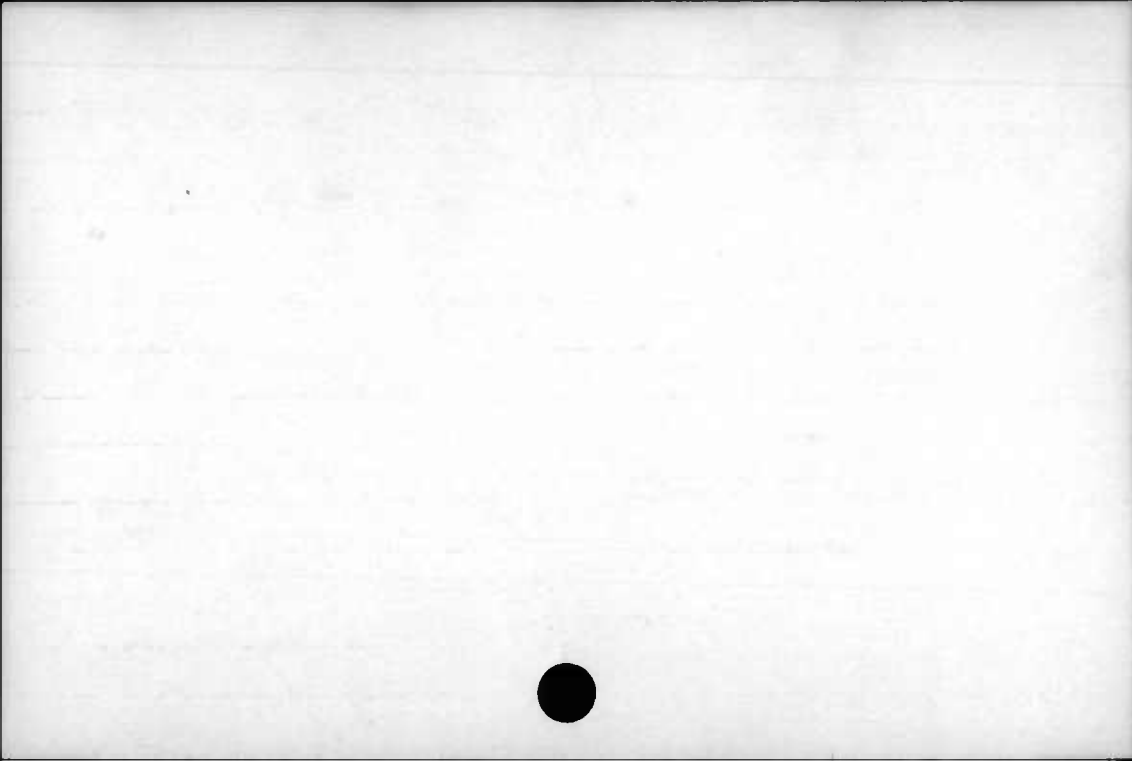
LIBRARY BUREAU, 79893



Name in Full <b>Lenarch Leroy Burrier</b>		Town <b>Mount Pleasant</b>		County <b>Frederick</b>		CERTIFICATE OF DEATH	
Died at		MAYLAND					
Date of death 190		3	Month	March	Day	4	Age
		16	Years	10	Months	27	Days
Sex		Male		Color or Race		whit	
Birth-place		MT Ple Fred County					
Married, Single or Widowed		Single		Occupation		Farmer	
Name of Wife or Husband							
Father's Name		Simon E. Burrier				Father's Birthplace	
						Frederick Co	
Mother's Maiden Name		Emma Jane Poole Emma Burrier				Mother's Birthplace	
						Frederick City	
Name of person giving information		his Mother Emma J Burrier				How related to deceased	
						Mother	

### CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary		Pneumonia		93		How long		Five weeks		
	Immediate		Internal Hemorrhage				How long		4 Days		
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		D. E. Ston				
	Address		Henry Beimbrink		Frederick County		ind				
Agent for Burial		Registars									





Died at Town *Frederick* County *Frederick* MARYLAND

Date 19 *03* Month *March* Day *10* Y. *Age* *still born* M. D. Native of Occupation

~~Male~~ White ~~Married~~ Widow ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ Number of children living

Husband of Wife

Father's Name *Charles T. Butcher* Mother's *Saia G. Keefer*

Maiden Name

Cause of Death { Primary *Still born* Immediate How long sick Accident, Suicide, Homicide

Reported by *J. V. Hendrix*

Address *Frederick, Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Albert Carter.

Town

County

MARYLAND

Died at

Leiberty

Frederick

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1903.

Mar 4<sup>th</sup>

Age

30. 4. 5

Leiberty

Merchant.

Male

White

Married

Widow

~~Divorced~~

Female

Colored

~~Single~~

Widower

Number of children living

4

Husband

of

Wife

Mollie B. Beall.

Father's

Mother's

Name

Maiden Name

Milton Carter

Elizabeth Baker

Cause of

Primary

Chronic Bright's Disease

How long sick

18 months

Death

Immediate

Uremic poison

~~Accident, Suicide, Homicide~~

Reported by

J. Thomas

120

Address

Leiberty town

Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Claude Ler. Cooper

## CERTIFICATE OF DEATH

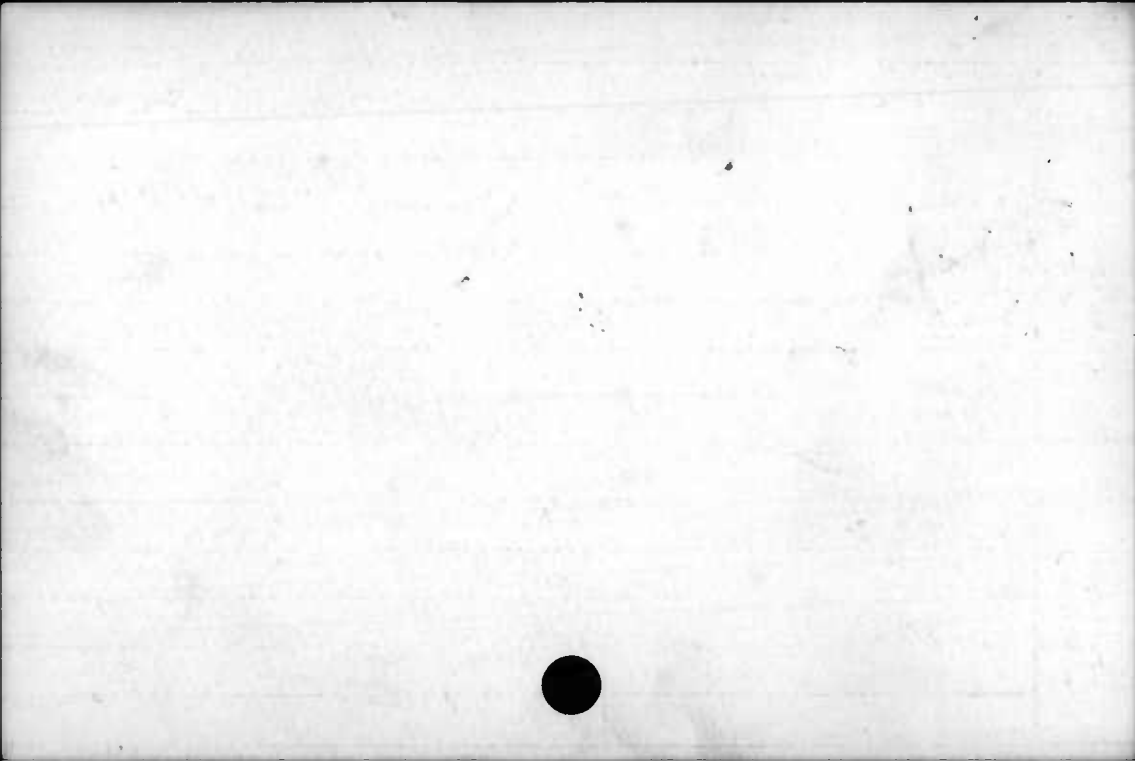
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Brunswick</u> Town		<u>Frederick</u> County		MARYLAND	
Date of death 190 <u>3</u>	Month <u>Mar</u>	Day <u>16</u>	Age <u>3</u> Years	Months <u>7</u>	Days
Sex <u>male</u>	Color or Race <u>white</u>	Birth-place <u>Ind</u>			
Married, Single or Widowed <u>—</u>			Occupation <u>—</u>		
Name of Wife or Husband					
Father's Name <u>Chas H. Cooper</u>			Father's Birthplace <u>Ind</u>		
Mother's Maiden Name <u>Ellen Elizabeth</u>			Mother's Birthplace <u>Ind</u>		
Name of person giving information <u>Chas H. Cooper</u>			How related to deceased <u>father</u>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Ind</u>	How long <u>11 days</u>
Immediate <u>Bronchopneumonia</u>	How long <u>7 "</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Lewis Trapp</u>
	Address <u>Brunswick</u>
Accident or Suicide?	<u>Ind</u>



Name  
in  
Full

Sarah Elizabeth Corey

## CERTIFICATE OF DEATH

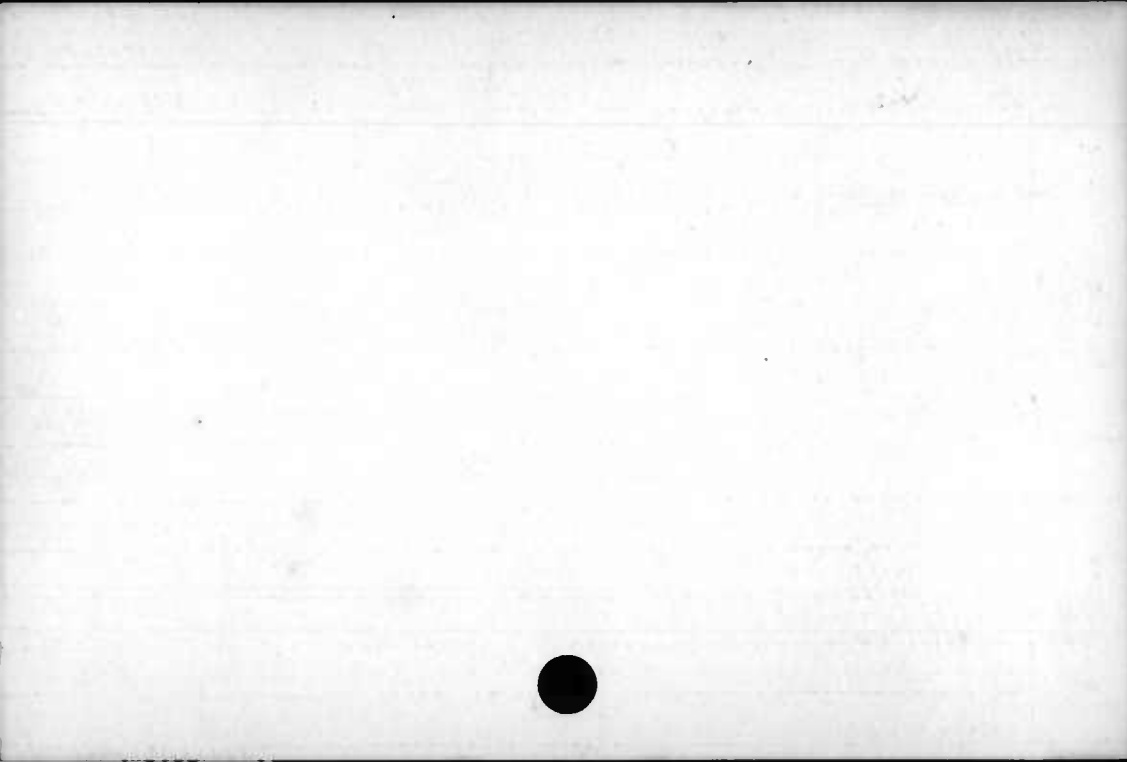
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		13 <sup>Town</sup> <del>Brunswick</del>		<sup>County</sup> <del>Frederick</del>		MARYLAND	
Date of death 190	3	Month	Mar.	Day	30	Age	64
Sex	Female	Color or Race	white	Birth-place	W. Va.		
Married, Single or Widowed	Married			Occupation	Housewife		
Name of Wife or Husband	Emmanuel Corey						
Father's Name	John Danner					Father's Birthplace	Ind.
Mother's Maiden Name	Julia Arnold					Mother's Birthplace	Ind.
Name of person giving information	Mary Anne Danner					How related to deceased	Daughter

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Breast over entire body	How long	7 hours
Immediate	Shock	How long	"
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Levin Trias
		Address	Brunswick. Ind.
Accident or Suicide?	No		





Name  
in  
Full

Mrs. Pricey Cross-

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Montevue Hospital</i>		Town <i>Frederick</i>		County		MARYLAND	
Date of death 1903	Month 3	Day 21	Age 42	Years	Months	Days	
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Frederick Co. Md.</i>				
Married, <i>Single</i> <del>or Widowed</del>			Occupation <i>Housewife</i>				
Name of Wife or Husband							
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information				How related to deceased			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Malaria &amp; Pneumonia</i>	How long <i>6</i>	How long <i>8 days</i>
Immediate <i>Chancrosis</i>		
Are the name, age, sex, color, date and place correctly given above?	<i>as far</i>	Signature of Physician <i>S. S. Hayward</i>
<i>as known</i>		Address <i>17 Second St. N.</i>
Accident or Suicide?		



Name In Full

Certificate of Death

William T Day

Town

County

Died at

Baltimore

Frederick

MARYLAND

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

3

2

Age

56 - - 9

Md

Farmer

Male

White

Married

Widow

Divorced

~~Female~~

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

James T Day

Agnes Riley

Cause of

Primary

Tuberculosis of lungs

How long sick

Death

Immediate

Tuberculosis of lungs

Accident, Suicide, Homicide

Reported by

O. S. Cowley

Address

Adams Station

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70895

Funeral  
Maunor Catholic Church  
Mar 4<sup>th</sup> 1903

C. C. C. F.D

Name  
in  
Full

Wm Jos. Durban

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died <i>near Ladiesburg</i>		Town <i>Frederick</i>		County		MARYLAND	
Date of death 1903	Month <i>march</i>	Day <i>25</i>	Age <i>58</i>	Years	Months <i>5</i>	Days <i>27</i>	
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Pa.</i>			
Married, <del>single</del> <del>widow</del>			Occupation <i>carpenter.</i>				
Name of Wife or <i>Martha Ann Durban</i>							
Father's Name <i>John Durban</i>				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information <i>Frank Durban</i>				How related to deceased <i>son</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Tuberculosis of Alimentary canal.</i>	How long <i>3 months.</i>
Immediate <i>General debility</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>John I. Liggett, M.D.</i>
	Address <i>Ladiesburg.</i>
Accident or Suicide?	<i>Md.</i>



Daniel Ecker

Town

County

Died at

West Falls

Frederick

MARYLAND

Date 1943

Month

Day

Y.

M.

D.

Native of

Occupation

March 12

Age

66 1 18

Maryland

Farmer

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~~~Single~~

Widower

Number of children living

4

Husband

of

Jobetha Ecker

Father's

Mother's

Name

Sam. Ecker

Maiden Name

Cause of

Primary

Chronic Bronchitis

How long sick

1 year

Death

Immediate

Cardiac Complications

Accident, Suicide, Homicide

Reported by

J. J. Woodward M.D.

Address

Mt. Airy

Carroll Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

5





Name  
in  
Full

Clara Mabel Evans

CERTIFICATE OF DEATH

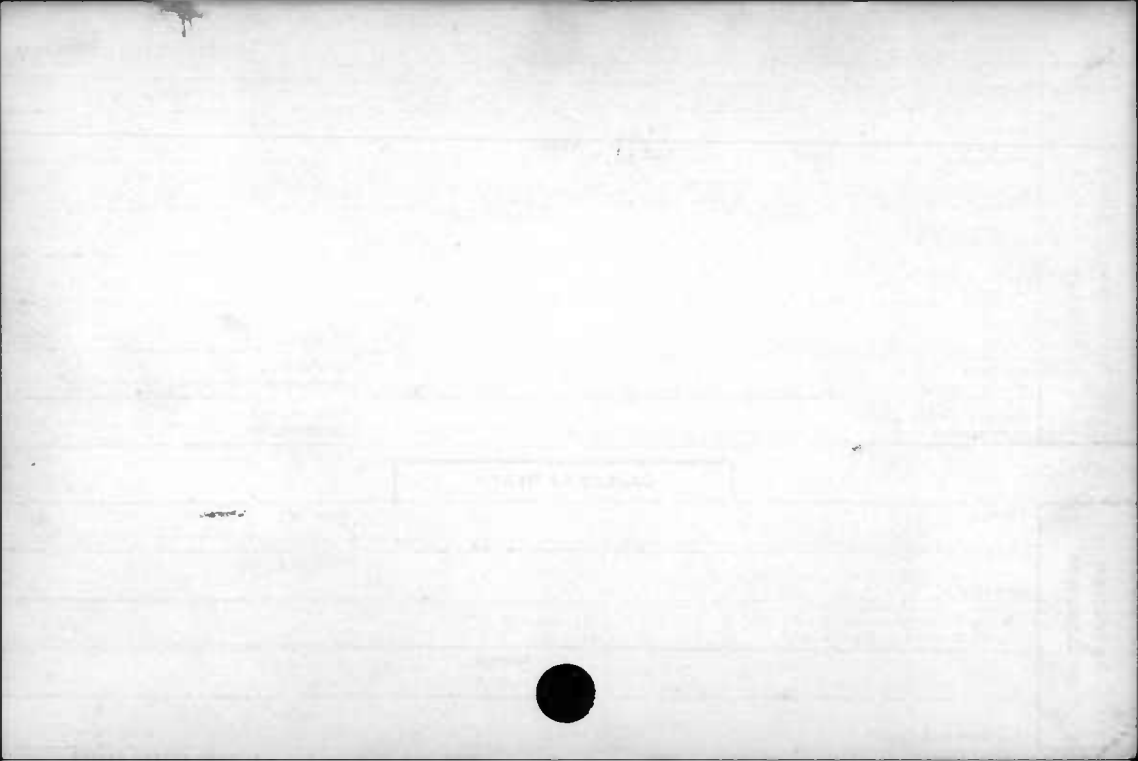
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <b>Burkittsville</b> <sup>Town</sup>		<b>Frederick</b> <sup>County</sup>		MARYLAND	
Date of death 190 <b>3</b>	Month <b>March</b>	Day <b>31</b>	Age <b>21</b> <sup>Years</sup>	Months <b>7</b>	Days <b>23</b>
Sex <b>Female</b>	Color or Race <b>Colored</b>	Birth-place <b>Maryland</b>			
Married, Single or Widowed <b>Single</b>	Occupation <b>Servant</b>				
Name of Wife or Husband <b>—</b>					
Father's Name <b>Henson Evans</b>			Father's Birthplace <b>Ind.</b>		
Mother's Maiden Name <b>Sarah Cartnail</b>			Mother's Birthplace <b>Ind.</b>		
Name of person giving Information <b>Henson Evans</b>			How related to deceased <b>Father</b>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <b>Lung &amp; Stomach trouble</b>	How long <b>about 3 m.</b>
Immediate <b>Acute Phthisis</b> <b>10</b>	How long <b>" 5 mths.</b>
Are the name, age, sex, color, date and place correctly given above? <b>yes.</b>	Signature of Physician <b>C. H. Schittneck</b>
	Address <b>Burkittsville</b>
	<b>Ind.</b>
Accident or Suicide?	



Name  
in  
Full

Elizabeth Foyle

## CERTIFICATE OF DEATH

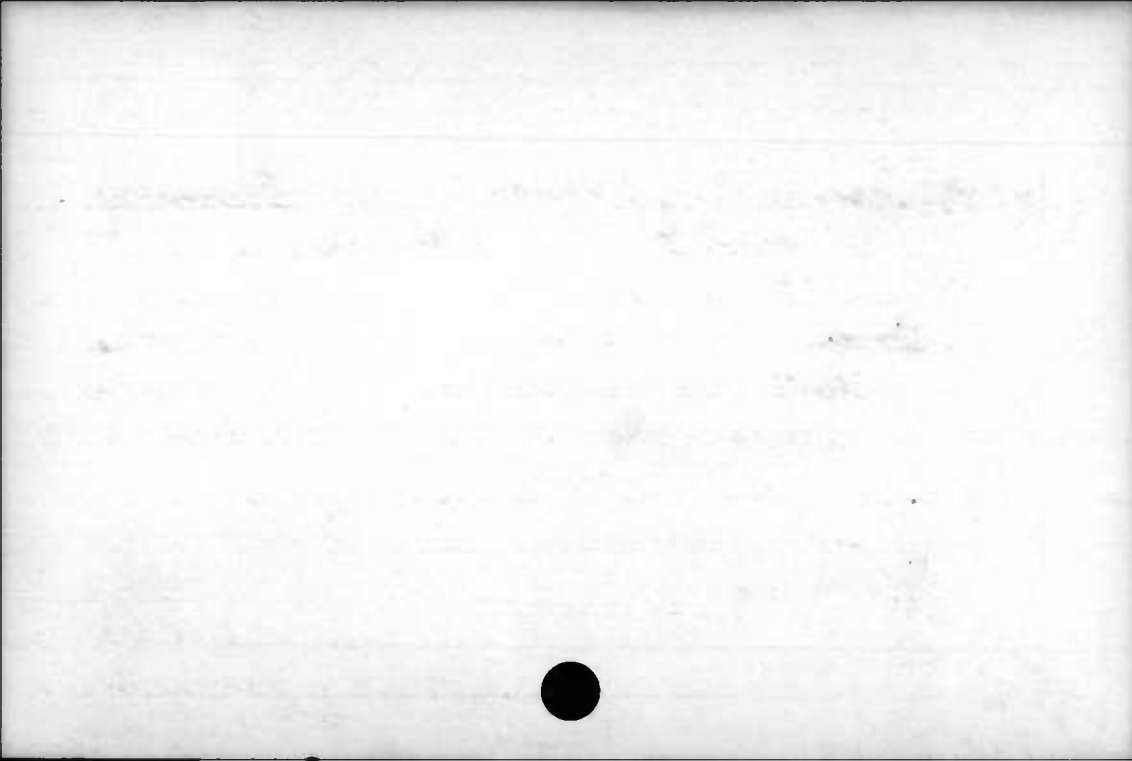
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Near Union Bridge		Frederick					
Date	Month	Day	Years	Months	Days		
of death 1903	March	23	Age 75	10	28		
Sex	Female		Color or Race	White		Birth-place	Maryland
Married, Single or Widowed	Married		Occupation	Housewife			
Name of Wife or Husband	William H. Foyle of A.						
Father's Name	Henry Papp				Father's Birthplace	Maryland	
Mother's Maiden Name	Polly Smith				Mother's Birthplace	Maryland	
Name of person giving information	William H. Foyle of A.				How related to deceased	Husband	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Gastric Catarrh	How long	about 6 months
Immediate	Apoplexy	How long	about 16 hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		Address	
		F. H. Sidwell	
Accident or Suicide?			



Name  
in  
Full

Daisy Bell Fellus


## CERTIFICATE OF DEATH

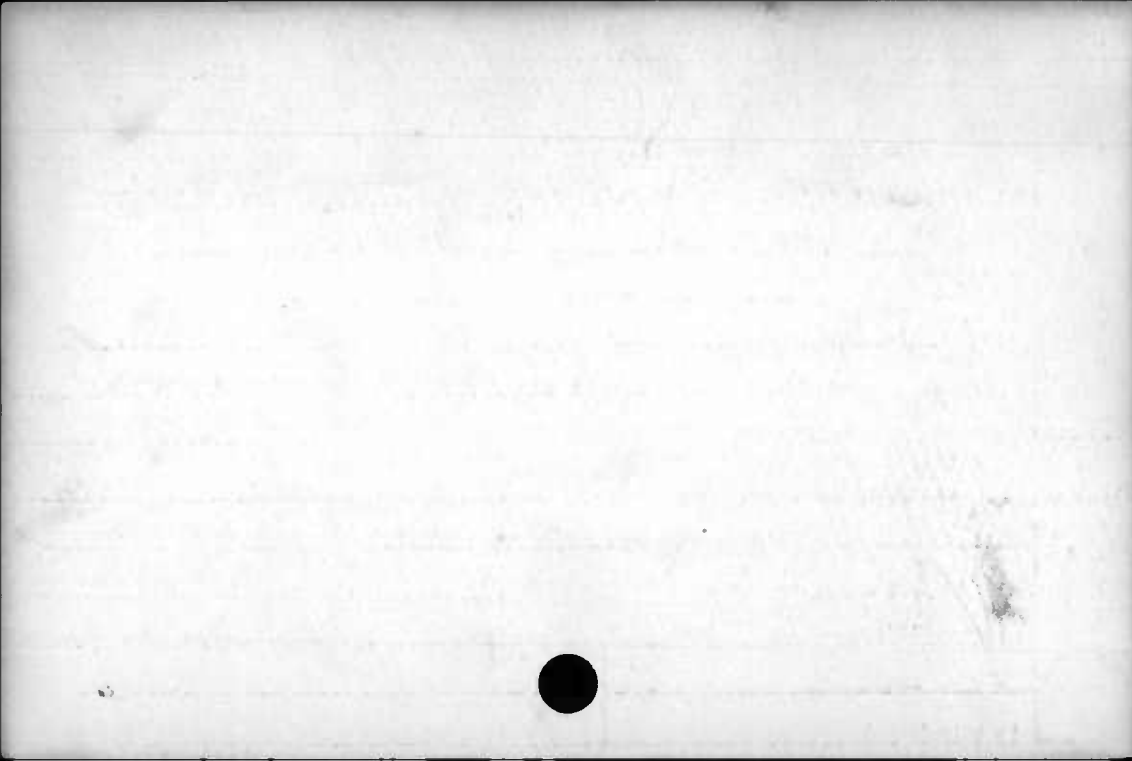
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Brunswick</u> <sup>Town</sup>		<u>Frederick</u> <sup>County</sup>		MARYLAND	
Date of death 190 <u>3</u>	Month <u>March</u>	Day <u>13</u>	Age <u>4</u>	Months <u>4</u>	Days <u>2</u>
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>MD</u>			
Married, Single or Widowed <u>single</u>		Occupation <u>none</u>			
Name of Wife or Husband <u>—</u>					
Father's Name <u>John Fellus</u>			Father's Birthplace <u>W Va</u>		
Mother's Maiden Name <u>Katie Rickard</u>			Mother's Birthplace <u>W Va</u>		
Name of person giving information <u>John Fellus</u>			How related to deceased <u>Father</u>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Whooping Cough</u>	How long <u>2 days</u>
Immediate <u>Diphtheritic Cough</u>	How long <u>24 hours</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>A. G. Horine</u>
	Address <u>Brunswick, MD</u>
	
<u>or</u> Accident or Suicide?	



Name in Full

Lydia A Fogle

Town

County

MARYLAND

Died at

Utica

Frank

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

3 28

Age

0 2-24

~~Male~~  
FemaleWhite  
ColoredMarried  
Single~~Widow~~  
Widower~~Divorced~~  
Number of children livingHusband  
of  
WifeFather's  
Name

Grant Fogle

Mother's  
Maiden Name

May Eyler

Cause of

Primary

Meningitis

How long sick

1 week

Death

Immediate

Accident, Suicide, Homicide

Reported by

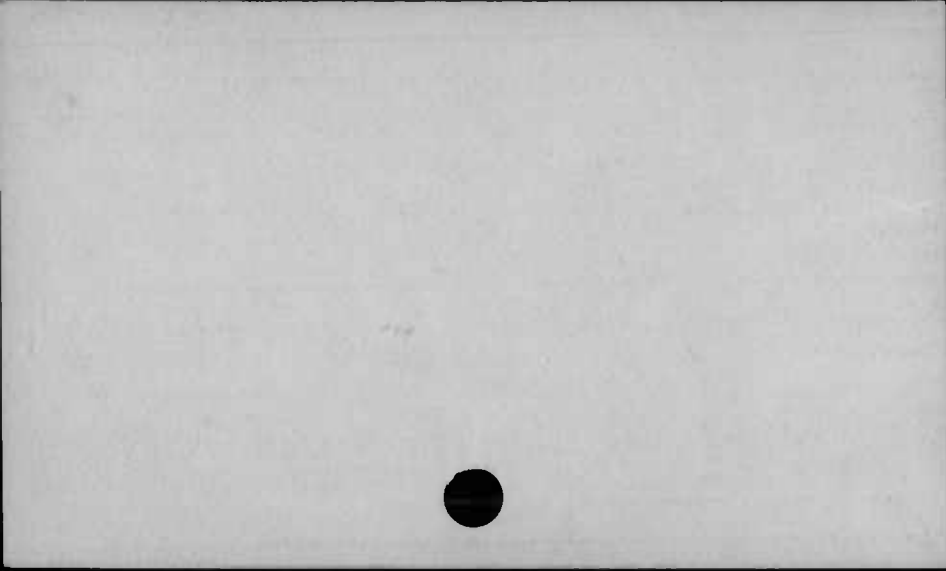
E. B. Nighttown

M.D.

Address

Linton Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Name in Full

Certificate of Death

Cyrus Furt

Town

County

MARYLAND

Died at near Indian Creek

Date 1903 3 26 Age 54 Native of US Occupation Farmer

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of Mrs Cyrus Furt -  
 Wife  
 Father's Name

Mother's  
 Maiden Name

Cause of Primary Paralysis Brain -

How long sick

3 mos -

Death Immediate Pneumonia - Paralysis Heart

Accident, Suicide, Homicide

Reported by Frank Lee Buchanan Smith

Address Indian Creek Mo

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 75888



Alice May Geesey

Town

County

Died at

Woodboro

Fredk.

MARYLAND

Date 1903

Month

Day

March 10

Y.

M.

D.

Age

2-10-30

Native of

Md

Occupation

✓

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~

Number of children living

✓

Husband of

Wife

Father's

Name

Edwin P. Geesey

Mother's

Maiden Name

Lora M. Shank

Cause of

Primary

Cerebral Meningitis

How long sick

21 days

Death

Immediate

Coma } General Ataxia

Accident, Suicide, Homicide

Reported by

C. A. Stutz M.D.

Address

Woodboro 3 Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in full

Certificate of Death

Geisinger Mildred

Town

County

Died at

MARYLAND

Date

1903

Month

Day

Y.

M.

D.

Native of

Occupation

3-14

Age

4-27

Female

White

~~Colored~~

Married

~~Single~~

Widow

~~Widower~~

Divorced

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Immediate

Death

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 1898A



Name  
in  
Full

Robert Gilles

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Montevideo Town

North County Co

MARYLAND

Date of death 190 3 Month March

Day 11

Age 80 Years

Months

Days

Sex Male

Color red

Birth-place

Frederick Md

Married, Single or Widowed

Occupation

X

Name of Wife or Husband

X

Father's Name

X

Father's Birthplace

Mother's Maiden Name

X

Mother's Birthplace

Name of person giving Information

Y

How related to deceased

Y

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Old age

How long

X

Immediate

Exhaustion

154

How long

Are the name, age, sex, color, date and place correctly given above?

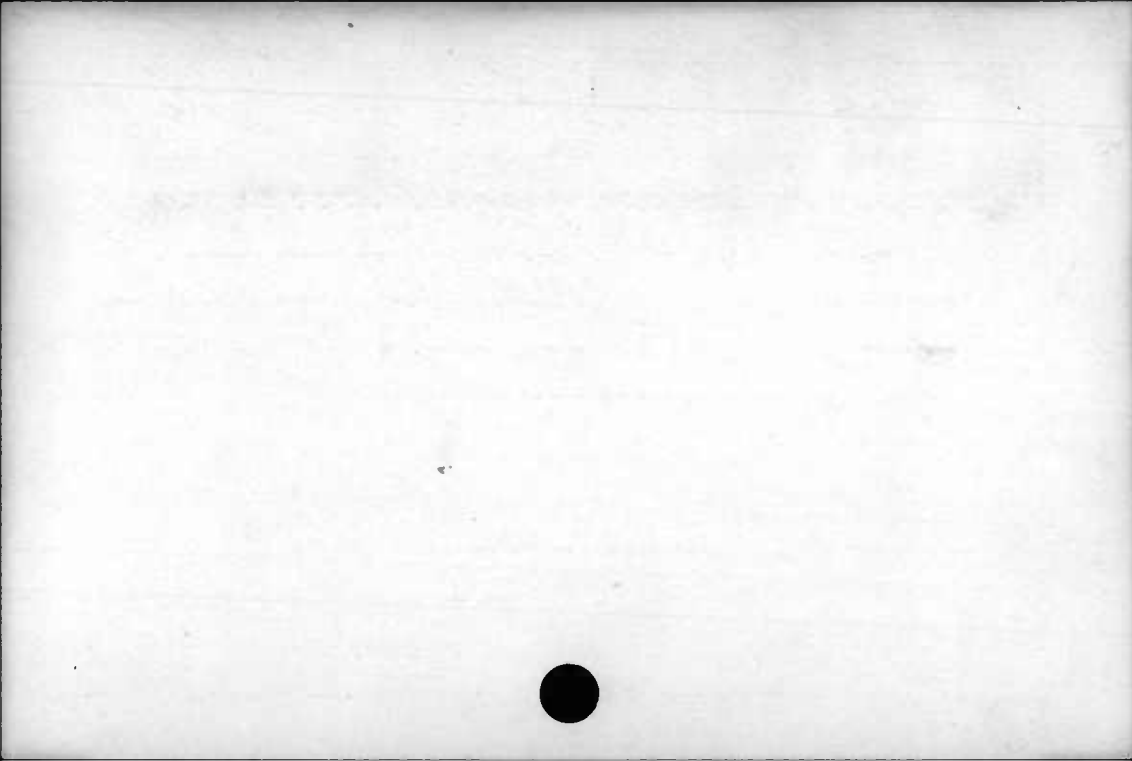
Signature of Physician

J. S. Maynard

Address

17 Grand St W

Accident or Suicide?





*Mary J. Grigil*  
 Town *Emmitsburg* County *Fredrick-*  
 Died at *Emmitsburg* MARYLAND

Date 1903 *March 5* Month *March* Day *5*  
 Age *80-5-23* Y. M. D.  
 Native of *Ind* Occupation *House wife*  
~~Male~~ White Married ~~Widow~~ Divorced  
 Female Colored ~~Single~~ Widower Number of children living

Husband of *George Grigil*  
 Wife *George Grigil*  
 Father's Name *J. Myers* Mother's Maiden Name *Mary Myers*

Cause of Death { Primary *Inflammation of Stomach* How long sick *5 days*  
 Immediate *104* Accident, Suicide, Homicide

Reported by *W. H. E. Stone*  
 Address *Emmitsburg, Maryland*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Lila Gray.

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Fredricks</i>		County <i>Fredricks</i>		MARYLAND	
Date of death 1903	Month <i>3</i>	Day <i>19</i>	Age <i>68</i>	Years	Months	Days	
Sex <i>Female</i>	Color or Race <i>Black.</i>		Birth- place				
Married, Single or Widowed <i>Single</i>		Occupation <i>Maids.</i>					
Name of Wife or Husband							
Father's Name <i>John Gray.</i>				Father's Birthplace			
Mother's Maiden Name <i>Matilda</i>				Mother's Birthplace			
Name of person giving In formation <i>Gertie Roles.</i>				How related to deceased <i>Not at all</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>La Grippe</i>	How long <i>10</i>
Immediate <i>Pulmonary Oedema</i>	How long <i>4 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Wm. Crawford</i>
	Address <i>Fredk. Md.</i>
Accident or Suicide? <i>over</i>	

Interment Mar 22<sup>d</sup>

" at Greenmount Cemetery.

A. F. Rice & Son's.

Name In Full

Certificate of Death

Mrs Mary A. Griffin

Town

County

MARYLAND

Died at *Frederick*

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1903

*March 11*

Age

*74*

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

~~Hubband~~ of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

*Senile debility*

How long sick

*Several weeks*

Death

Immediate

*Exhaustion*

Accident, Suicide, Homicide

Reported by

*W. G. McComas**154*

Address

*Frederick Md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 75898

Mt Olive Candy

Mar 13 - 1903

b. b. b

John W. Grinder  
 Town Creagerstown County Friederick MARYLAND  
 Died at  
 Date 1903 Month March Day 24 Age 61-10-26 Y. M. D. Native of Id Occupation Postal Clerk  
 Male ☒ Female ☐ White ☒ Colored ☐ Married ☒ Single ☐ Widowed ☒ Divorced ☐ Number of children living 8  
 Husband of Elenora Baker  
 Wife ~~Name~~  
 Father's Name John Grinder Mother's Name Magdalena Ott  
 Cause of Death { Primary Bright's Disease } Complicated with How long sick 18 months  
 { Immediate Pulmonary Hemorrhage } Heart Trouble causing general  
Asthemia ~~Accident, Suicide, Homicide~~  
 Reported by C. A. Stultz M. D. 120  
 Address Woodsboro Md.  
 Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Name in Full

Certificate of Death

*Henry Clay Hershaw.*

Died at *Adamsstown Md.*

MARYLAND

Date 1903.	Month 3	Day 12	Age 62	Y. M. D. 5 / 15	Native of <i>Md.</i>	Occupation <i>Marine Service</i>
Male	White	Married	Widow	Divorced		
Female	Colored	Single	Widower	Number of children living 1		

Husband of *Gertrude Hershaw*

Father's Name *Jos Lawrence Hershaw* Mother's Name *Susana Haires.*

Cause of	Primary <i>Grip.</i>	How long sick <i>2 weeks.</i>
Death	Immediate <i>Gastro Enteritis</i>	Accident, Suicide, Homicide

Reported by *A. H. Coulter*

Address *Adamsstown Md.*

Must be signed by physician, If any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Thomas E. Huie's

Died at <sup>Town</sup> *Borden* <sup>County</sup> *do*

MARYLAND

Date 19	03	Month	3	Day	6	Y.	M.	D.	Age	19	Native of	Us	Occupation	RR Hand
		Male	White		<del>Married</del>		Widow		<del>Divorced</del>					
		<del>Female</del>	<del>Colored</del>		Single		<del>Widower</del>		Number of children living					

Husband of *X*

Father's Name	<i>Thos W. Huie</i>	Mother's Maiden Name	<i>Florence Sheets</i>
---------------	---------------------	----------------------	------------------------

Cause of	Primary	<i>Struck by Engine</i>	How long sick	<i>4 days</i>
Death	Immediate	<i>Compression of Brain</i>	Accident, Suicide, Homicide	

Reported by	<i>Franklin Buchanan</i>	<i>Super Co Surg</i>
Address	<i>Borden</i>	<i>Mo</i>

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Franklin Myle Hoffman -

Died at <sup>Town</sup> Penderuch <sup>County</sup> Penderuch MARYLAND

Date 1903 - <sup>Month</sup> 3 <sup>Day</sup> 23 <sup>Year</sup> 14 <sup>D.</sup> 0 <sup>Native of</sup> U.S. <sup>Occupation</sup> none

Male White Married ~~Widow~~ ~~Divorced~~  
 Female Colored Single ~~Widower~~ Number of children living

Husband  
of  
Wife

Father's Name Egon Hoffman Mother's Maiden Name Aug. Kreh -

Cause of Primary Premature - memo - How long sick 14 days

Daath Immediate Jaundice - Hemorrhage Accident, Suicide, Homicide

Reported by 17

Address

100th St. Penderuch 151

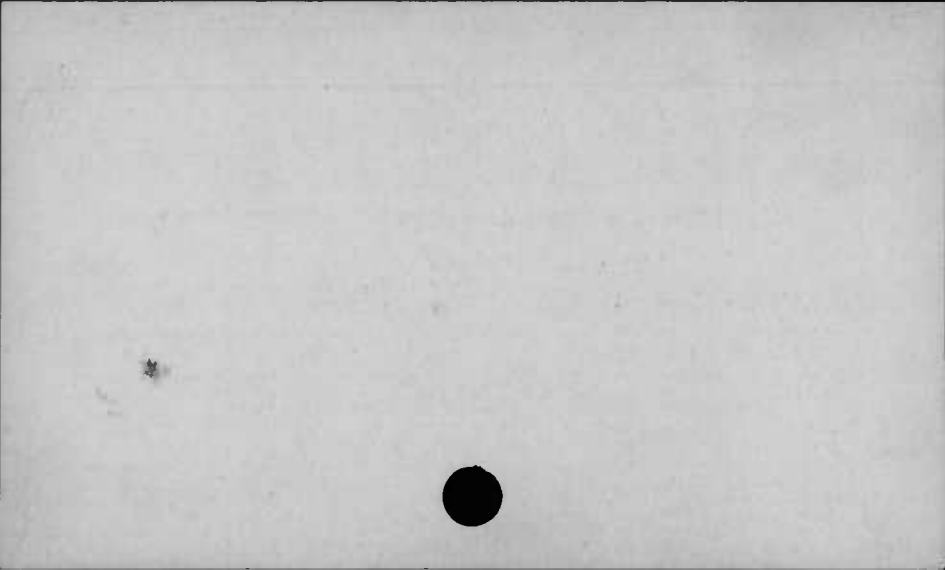
Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Born at Bowie <sup>Town</sup> Frederick <sup>County</sup> MARYLAND  
 Died at Oak Hill <sup>Month</sup> 03 <sup>Day</sup> March <sup>Y.</sup> 4 <sup>M.</sup> 1903 <sup>D.</sup> 4  
 Date 19 03 March 4 Age 5-4-4 Native of Ind Occupation Teacher  
 Male White ~~Female~~ ~~Colored~~ ~~Married~~ ~~Widow~~ ~~Divorced~~ ~~Single~~ ~~Widower~~ ~~Number of children living~~  
 Husband of \_\_\_\_\_  
 Wife \_\_\_\_\_  
 Father's Name Charley Harner Mother's Maiden Name Sallie Harner  
 Cause of Death { Primary Measles Immediate \_\_\_\_\_ How long sick 4 d  
 { \_\_\_\_\_ Accident, Suicide, Homicide \_\_\_\_\_  
 Reported by D. A. Sharetts D. A. Sharetts  
 Address Woodsboro, Md Undertaker  
 Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Name in Full

Certificate of Death

*Boy Homer*  
 Died at *Oak-Hill* Town *Frederick* County - *MARYLAND*  
 Date 19*03* Month *Mar* Day *20* Age *2 y. 10 m. 19 d.* Native of *U.S.A* Occupation *none*  
~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~  
 Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband  
of  
Wife

Father's Name *Charles W.C. Homer* Mother's Name *Rosa Luginberr*  
 Maiden Name

Cause of Death { Primary *myocardial* How long sick *about 3 weeks*  
 Immediate *Fibrous Pneumonia* Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Houck

Town

County

Died at

Frederick

Frederick

MARYLAND

Date

1903 - 3 - 21

Month

Day

Y.

M.

D.

Native of

Occupation

Age

0 - 0 - 13

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~~~Number of children living~~

Husband

of

Wife

Father's

Name

Chas E. Houck

Mother's

Name

Virgie Cromwell

Cause of

Primary

Diphtheria (No antitoxin)

How long sick

5 days.

Death

Immediate

Asthma

~~Accident, Suicide, Homicide~~

Reported by

H. P. Fahmy MD

Address

Frederick

Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Attended by Dr. \_\_\_\_\_  
of \_\_\_\_\_

Seen by Coroner \_\_\_\_\_  
of \_\_\_\_\_

Information contained in this certificate  
received from \_\_\_\_\_  
of \_\_\_\_\_

Name  
in  
Full

## CERTIFICATE OF DEATH

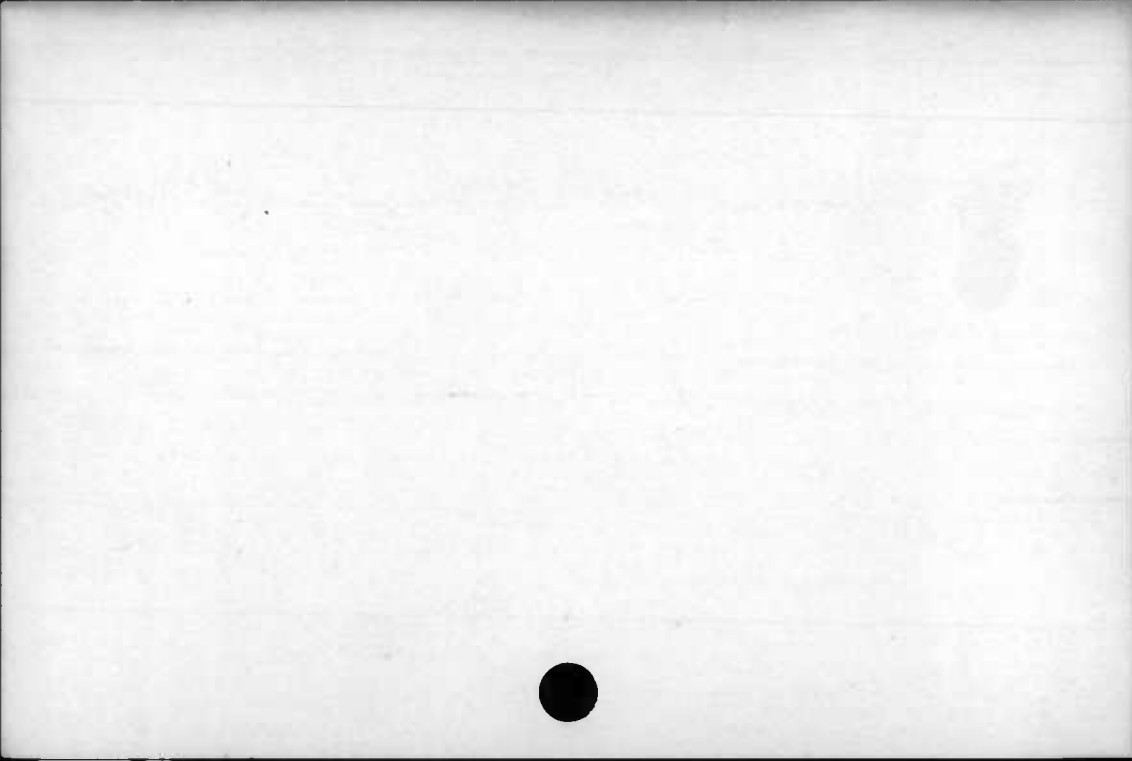
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Prosser</i>		Town <i>Montgomery</i>		County <i>Prosser</i>		MARYLAND	
Date of death 1900	Month <i>March</i>	Day <i>7<sup>th</sup></i>	Age	Years <i>76</i>	Months	Days	
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>Prosser, Ga.</i>				
Married, Single or Widowed <i>Married</i>			Occupation <i>Labourer</i>				
Name of Wife or Husband							
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information				How related to deceased			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Old age</i>	How long <i>154</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>-</i>	Signature of Physician <i>S. S. Maynard</i>
	Address <i>17 Green St. N.</i>
Accident or Suicide?	



Name  
in  
Full

Mauka Jones

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Frederick		County Frederick		MARYLAND	
Date of death	1903	Month 3	Day 30	Age	Years	Months	Days
Sex	Female		Color or Race	Black		Birth-place	md
Occupation	Housework			Where Residing if not at place of death			
Married, Single or Widowed	Married		Name of Wife or Husband John Thomas				
Father's Name	Andrew Jones					Father's Birthplace	Na
Mother's Maiden Name	James					Mother's Birthplace	
Name of person giving information	Mary Jones					How related to deceased	Sister

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Tuberculosis	How long	Six mos
Immediate	Asthma	How long	

Are the name, age, sex, color, date and place correctly given above?

Yes

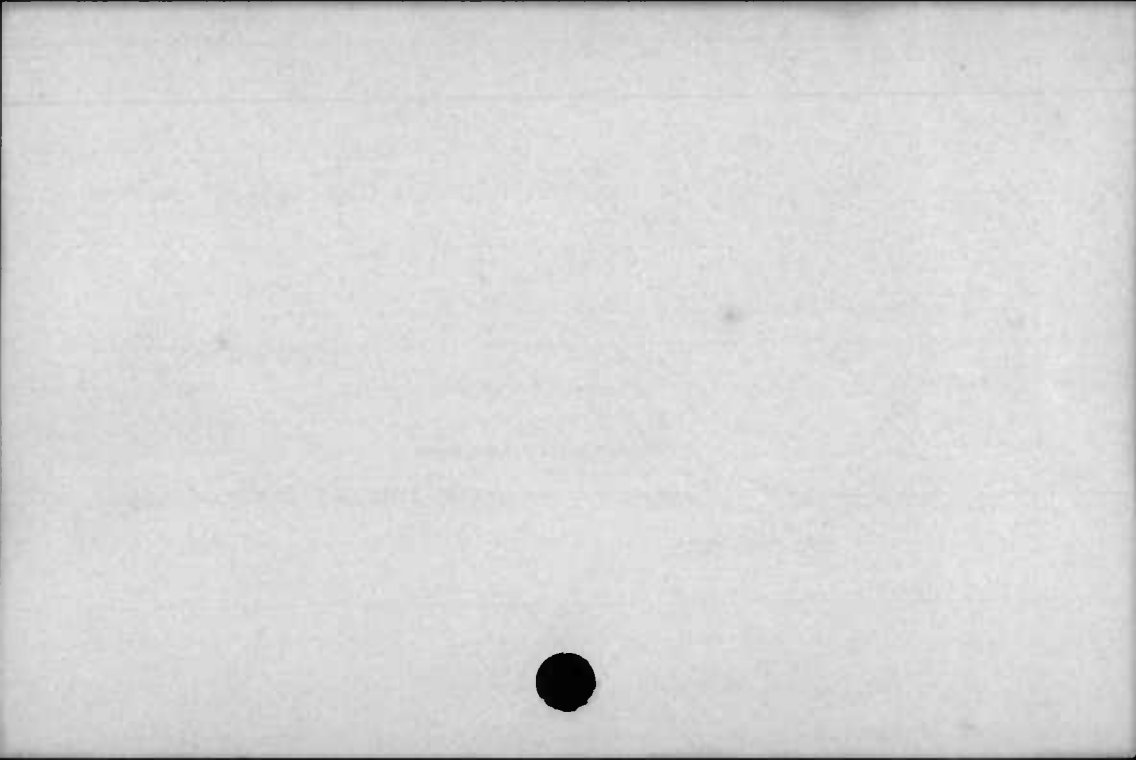
Signature of Physician

C. J. Sordue M.D.

Address

Frederick

Accident or Suicide?





Name In Full

Certificate of Death

*Mrs Susan A. Kaufman -*  
 Town County

Died at

*Graceham Frederick*  
 Month Day Y. M. D.

MARYLAND

Date 1903

*March 21*Age *43-5-17*

Native of

Occupation

*House Wife*~~Male~~

White

Married

~~Widow~~~~Divorced~~

Female

Colored

~~Single~~

Widower

Number of children living

*2*

Husband of

Wife

Father's

Name

*Almon Kauffman*

Mother's

*Michael Lohr*

Maiden Name

*Margaret Straubach*

Cause of

Primary

*Consumption*

How long sick

*4 Mo.*

Death

Immediate

Accident, Suicida, Homicide

Reported by

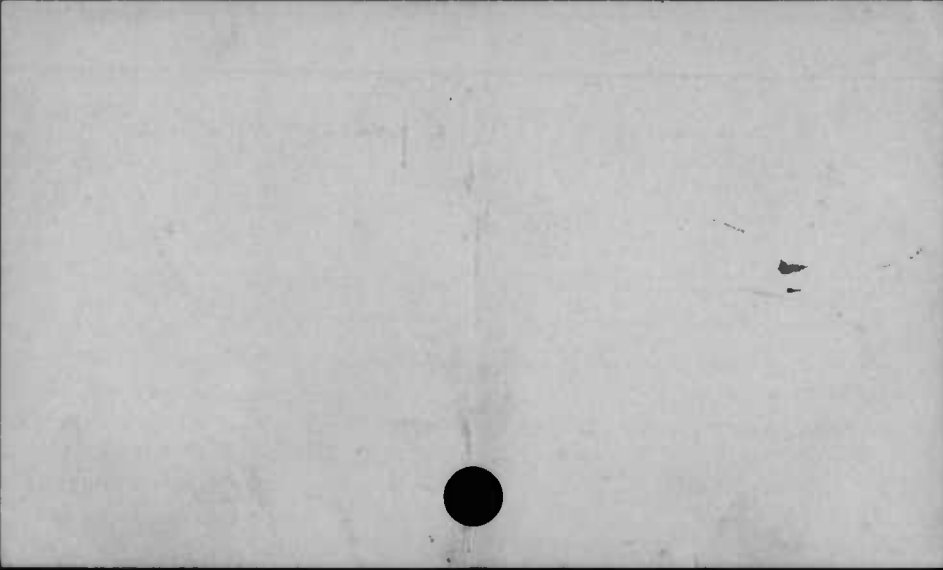
*Dr H E Stone*

Address

*Emmitsburg Md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 76808



Name  
in  
Full

Martin Elworth Kidwell

## CERTIFICATE OF DEATH

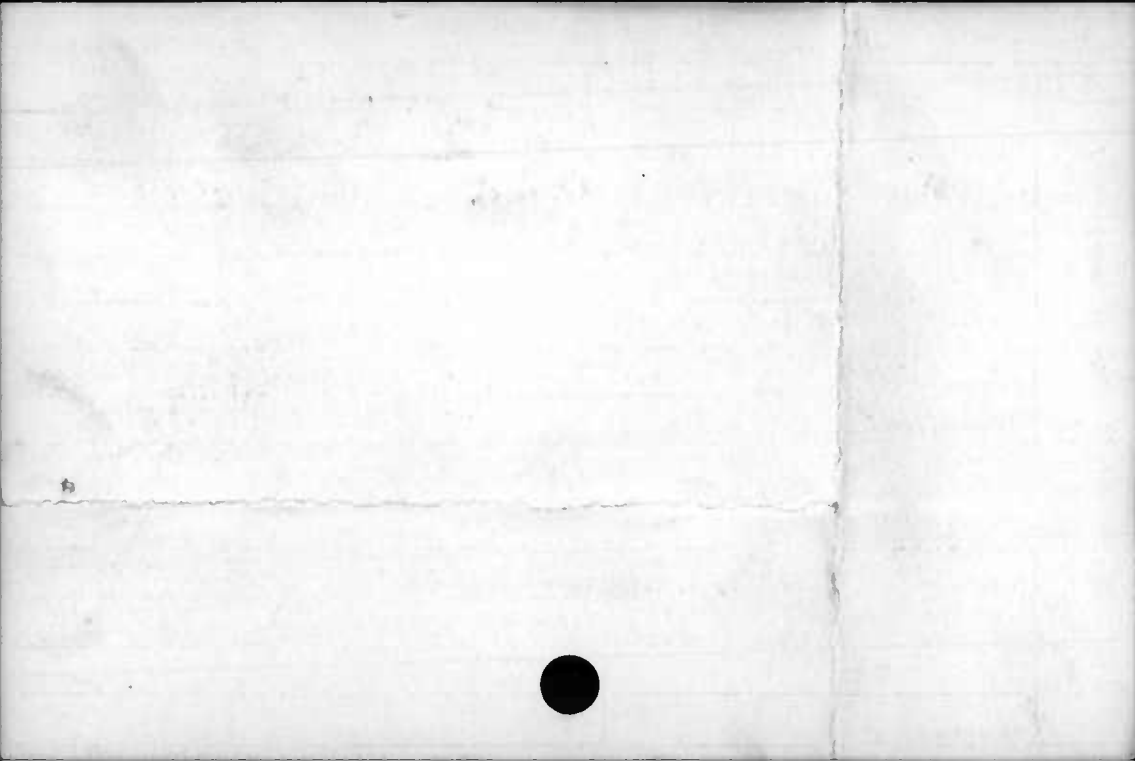
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Brunswick</i>		Town		<i>Fredrick</i>		County		MARYLAND	
Date of death 190 <i>3</i>		Month <i>3</i>		Day <i>13</i>		Age <i>3</i>		Months <i>10</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Brunswick Md</i>					
Married, Single or Widowed <i>Single</i>				Occupation <i>None</i>					
Name of Wife or Husband									
Father's Name <i>W D Kidwell</i>					Father's Birthplace <i>Md</i>				
Mother's Maiden Name <i>Martha C Seegerforce</i>					Mother's Birthplace <i>Md</i>				
Name of person giving information <i>W D Kidwell</i>					How related to deceased <i>Father</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Measles</i>		How long <i>3 day</i>	
Immediate <i>Exhaustion</i>		How long <i>1 Day</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>H D Hedges</i>	
		Address <i>Brunswick Md</i>	
Accident or Suicide?			



Name  
in  
Full

CERTIFICATE OF DEATH

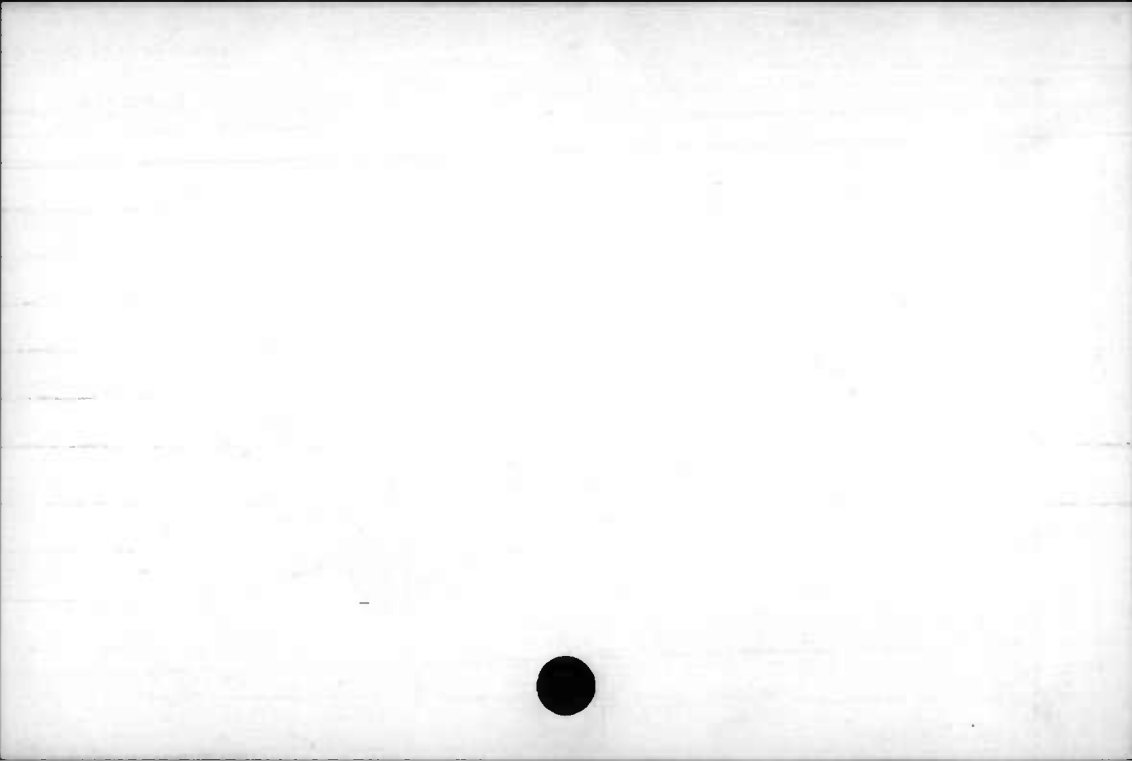
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Frederick</i> <sup>Town</sup>		<i>Frederick</i> <sup>County</sup>		MARYLAND	
Date of death 190 <i>3</i>	Month <i>3</i>	Day <i>10</i>	Age Years <i>X</i>	Months <i>6</i>	Days <i>X</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>md</i>			
Married, Single <i>X</i> or Widowed			Occupation		
Name of Wife or Husband <i>X</i>					
Father's Name <i>Harry J. King</i>			Father's Birthplace <i>Pa</i>		
Mother's Maiden Name <i>Minnie Brunt</i>			Mother's Birthplace <i>md</i>		
Name of person giving information <i>Grandfather</i>			How related to deceased <i>grs King</i>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Whooping Cough</i>	How long <i>2 weeks</i>
Immediate <i>Cocaine &amp; Lead</i>	How long <i>3 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yps</i>	Signature of Physician <i>Chas. F. Jordan md</i>
	Address <i>Frederick. md</i>
Accident or Suicide? <i>X</i>	



Name  
in  
Full

Reba Virginia Kline

## CERTIFICATE OF DEATH

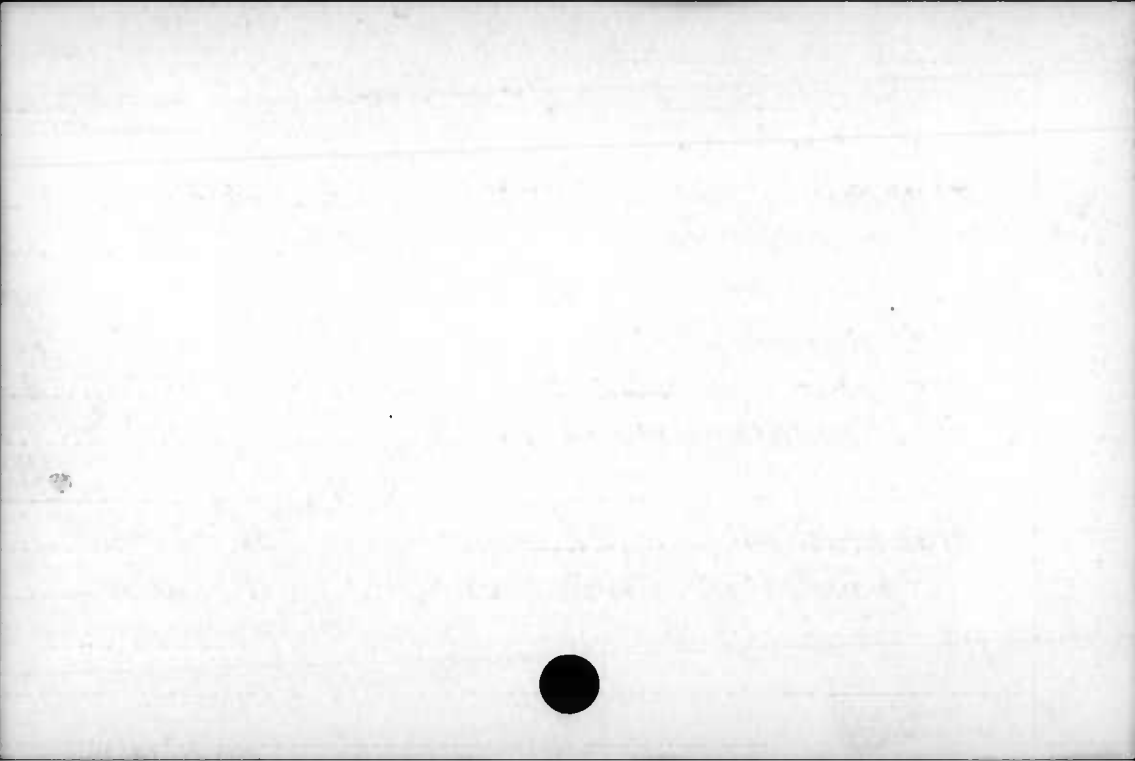
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Brunswick</u> <sup>Town</sup>		<u>Frederick</u> <sup>County</sup>		MARYLAND	
Date of death 190	<u>3</u> <sup>Month</sup>	<u>2</u> <sup>Day</sup>	<u>1<sup>st</sup></u> <sup>Years</sup>	<u>9</u> <sup>Months</sup>	<u></u> <sup>Days</sup>
Sex <u>Female</u>	Color or Race <u>white</u>		Birth-place <u>Brunswick</u>		
Married, Single or Widowed <u>single</u>		Occupation <u>none</u>			
Name of Wife or Husband					
Father's Name <u>Clayton Kline</u>			Father's Birthplace <u>W. Va</u>		
Mother's Maiden Name <u>Ella Moler</u>			Mother's Birthplace <u>D Mo</u>		
Name of person giving information <u>Ella Kline</u>			How related to deceased <u>Mother</u>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>La Grippe</u>	How long <u>3 weeks</u>
Immediate <u>Heart Failure or paralysis</u>	How long <u>5 minutes</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>A. J. Horine</u>
	Address <u>Brunswick Md</u>
Accident or Suicide?	





Name  
in  
Full

Martha Kolb-

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> Emmitsburg		<sup>County</sup> Frederick		MARYLAND	
Date of death 1903	Month 3	Day 6	Age 58	Months	Days
Sex Female	Color or Race White		Birth-place Emmitsburg		
Married, Single or Widowed Married			Occupation Housekeeper		
Name of <del>Wife or</del> Husband Thomas N. Kolb-					
Father's Name William Barker			Father's Birthplace Md		
Mother's Maiden Name Mary J. Kass			Mother's Birthplace "		
Name of person giving information Millood Sharp			How related to deceased None		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Puerperal Fever + Pneumonia	How long 4 Days
Immediate Congestion of the Lungs	How long One Day
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician John B. Brown
	Address Emmitsburg
Accident or Suicide?	



Charles A. Lawrence

Town

County

Died at

Unionville Frederick

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1903

Mar. 11

Age

84.10

Ind.

Farmer

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

6

Husband

of

Wife

Olevia Carter

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Paralysis

How long sick

7 mo.

Death

Immediate

Infirmities of age

Accident, Suicide, Homicide

Reported by

Thomas P. Sappington M.D.

Address

Unionville

Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Died *George Linchark*  
 Town *near Utica* County *Frederick* MARYLAND

Date 1908 *3* Month *12* Day *73-6-24* Y. M. D. Age *County* Native of *Farmer.* Occupation  
 Male *White* Married *Widow* Divorced  
 Female *Colored* Single *Widower* Number of children living

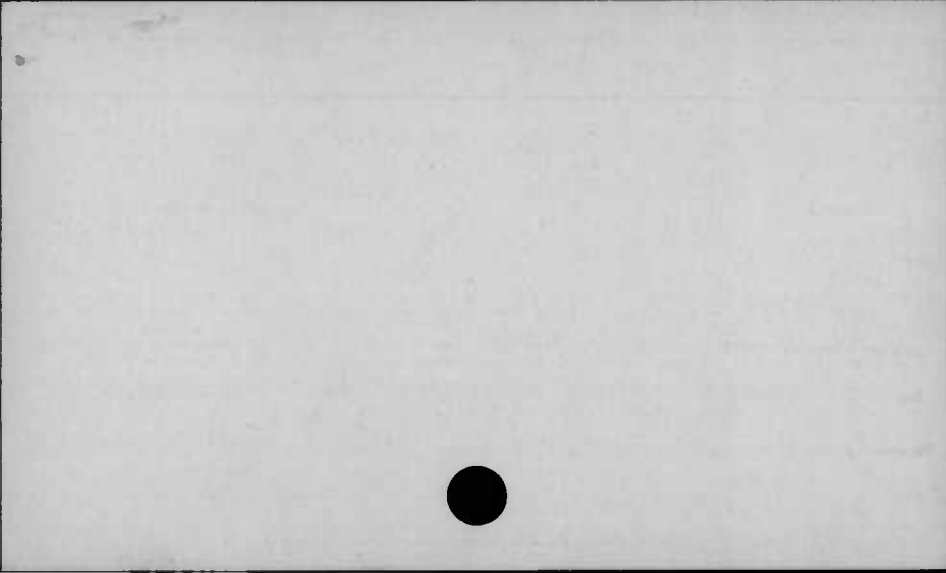
Husband of  
 Wife

Father's Name *Henry Linchark* Mother's Name *Mary Staley*  
 Maiden Name

Cause of Death *Heart disease* Primary Immediate *79* How long sick  
 Accident, Suicide, Homicide

Reported by *J. D. Micodemus M.D.*  
 Address *Haltersville Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

George Livers.

## CERTIFICATE OF DEATH

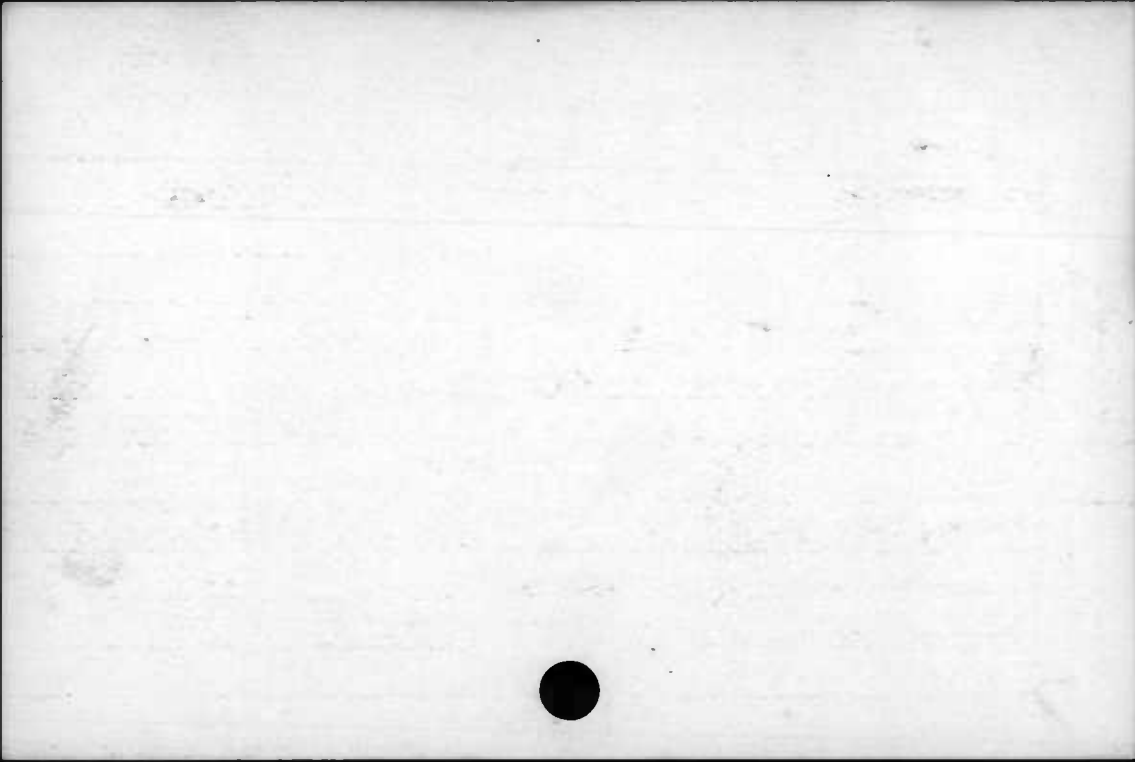
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Emmitsburg</i> <sup>Town</sup>		<i>Frederick</i> <sup>County</sup>		MARYLAND	
Date of death 190 <i>3</i>	Month <i>3</i>	Day <i>4</i>	Age <i>60</i> Years	Months <i>8</i>	Days <i>21</i>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Emmitsburg</i>	
Married, Single or Widowed <i>Married</i>		Occupation <i>Laborer</i>			
Name of Wife or Husband <i>Mary O. Toole</i>					
Father's Name <i>Arnold Livers</i>			Father's Birthplace <i>Emmitsburg</i>		
Mother's Maiden Name <i>Elizabeth Browner</i>			Mother's Birthplace <i>Emmitsburg</i>		
Name of person giving information <i>Millard Thuff</i>			How related to deceased <i>None</i>		

## CAUSES OF DEATH

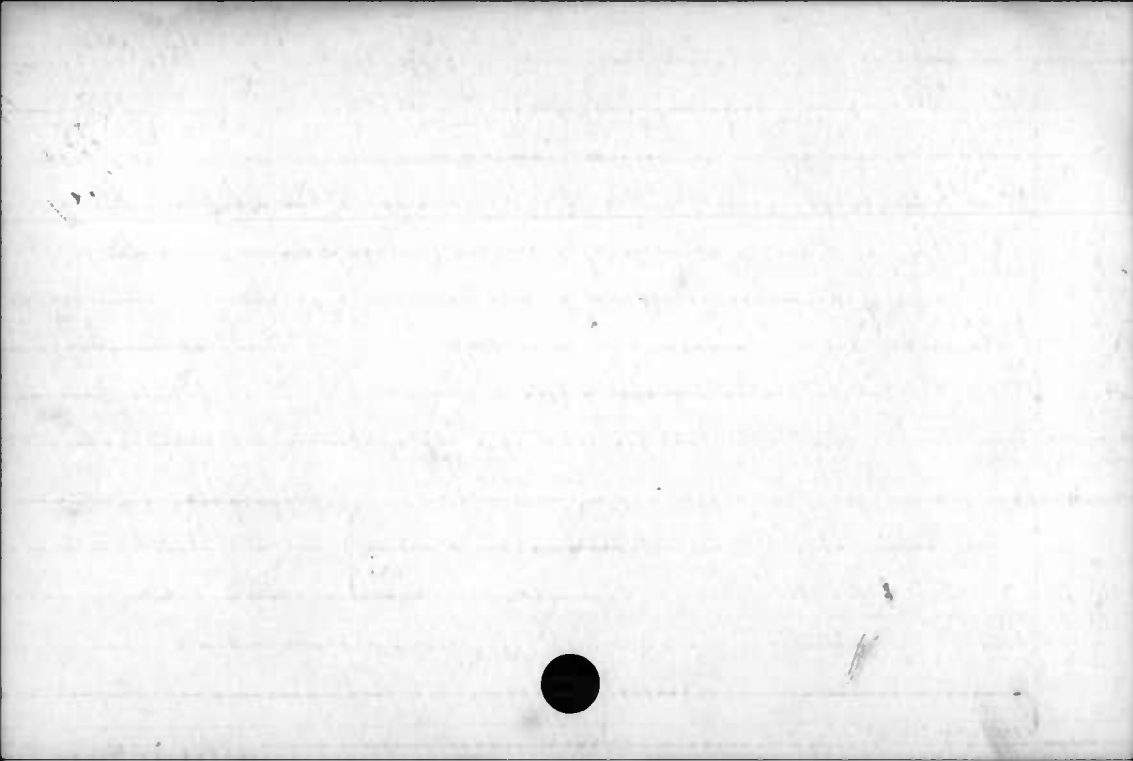
PHYSICIAN  
OR CORONER



Primary <i>Anasarca &amp; Ascites</i>	How long <i>4 months</i>
Immediate <i>Heart Failure</i>	How long <i>Immediate</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>John B. Browner, M.D.</i>
	Address <i>Emmitsburg</i>
Accident or <del>Suicide</del> <i>2</i>	

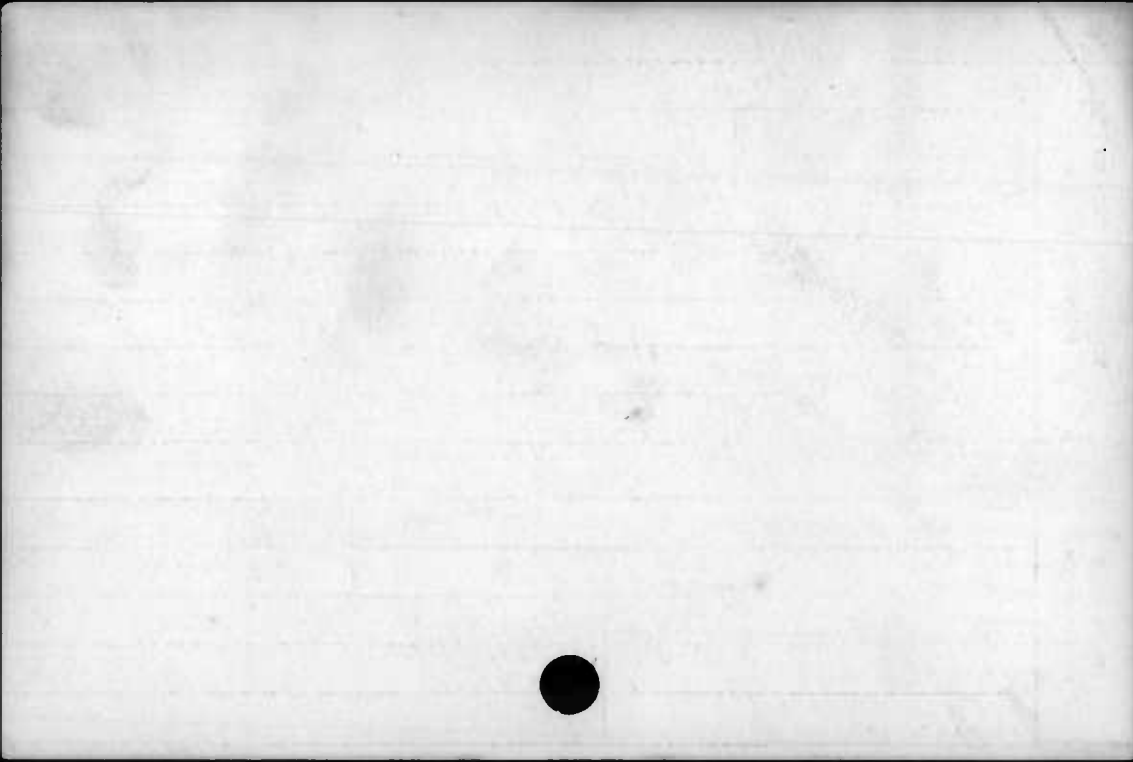




Name in Full		8 1/2 month infant				Lived 6 hours		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <u>Brunswick</u> <small>Town</small>			<u>Frederick</u> <small>County</small>			MARYLAND		
	Date of death 190 <u>3</u>		Month <u>March</u>		Day <u>24</u>		Age <u>6</u> <small>Years</small>		Months <u>6</u> <small>Days</small>
	Sex <u>Female</u>		Color or Race <u>white</u>		Birth-place <u>Ind.</u>				
	Married, Single or Widowed <u>—</u>				Occupation <u>—</u>				
	Name of Wife or Husband								
	Father's Name <u>James N. Lloyd</u>						Father's Birthplace <u>Ind.</u>		
	Mother's Maiden Name <u>Ledia May Norton</u>						Mother's Birthplace <u>Ind.</u>		
Name of person giving Information <u>James N. Lloyd</u>						How related to deceased <u>Father</u>			
CAUSES OF DEATH									
PHYSICIAN OR CORONER	Primary <u>muscles well defined contraction at birth.</u>						How long <u>6 hours</u>		
	Immediate <u>Congestion of the lungs or bronchi preventing respiration</u>						How long <u>"</u>		
	Are the name, age, sex, color, date and place correctly given above? <u>yes</u>						Signature of Physician <u>[Signature]</u>		
							Address <u>Brunswick Ind.</u>		
Accident or Suicide?									



Name in Full		Floyd. Eugene Long						CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Brunswick		County Frederick		MARYLAND			
	Date of death 190		3	Month March	Day 31	Age	Years 1	Months 3	Days 4	
	Sex		Male		Color or Race		white		Birth-place	Ind
	Married, Single or Widowed				Occupation		chico			
	Name of Wife or Husband									
	Father's Name				Ralph Eugene Long		Father's Birthplace		Ind	
	Mother's Maiden Name				Helen Alberta Carey		Mother's Birthplace		Ind	
Name of person giving information				Ralph E. Long		How related to deceased		Father		
CAUSES OF DEATH										
PHYSICIAN OR CORONER	Primary		Scurvy 13 wunt				How long		2 days	
	Immediate		E clausie				How long		6 hours	
	Are the name, age, sex, color, date and place correctly given above?				Signature of Physician		Levinthal			
					Address		Brunswick, Md			
<div>  </div>										
<div>  </div>										
Accident or Suicide?										



Name in Full

Certificate of Death

Infant Child of Clarence &amp; Maria

Town

County

Died near Middletown Frederick MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1903

June

14

Age

0

0

1

Male

White

~~Married~~

Widow

~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~~~Number of children living~~Husband  
Wife of

Father's Name Clarence &amp; Maria

Mother's

Name

Alta May Llook

Cause of Primary Premature birth

How long sick

0

Death Immediate Vital insufficiency

Accident, Suicide, Homicide

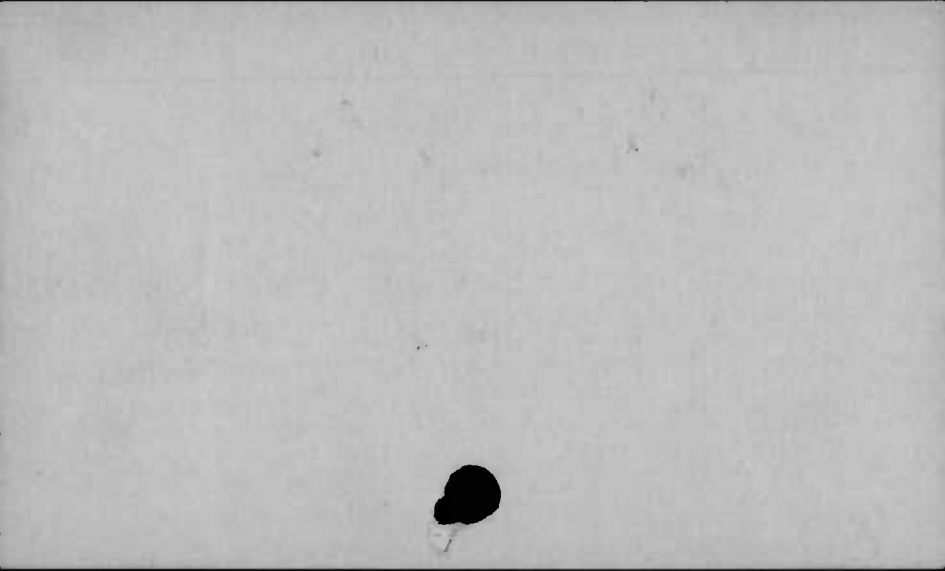
Reported by E L Buckley

Address Middletown

151

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Name in Full <i>Adam L. Myers</i>					Certificate of Death				
Died at		Town <i>Frederick</i>		County <i>Frederick</i>		MARYLAND			
Date 19 <i>03</i>		Month <i>March</i>	Day <i>18th</i>	Y. <i>4</i>	M. <i>2</i>	D. <i>4</i>	Native of <i>md</i>		Occupation <i>—</i>
Male <u>Female</u>		White <u>Colored</u>		Married <u>Single</u>		Widow <u>Widower</u>		Divorced <u>Number of children living</u>	
Husband of Wife									
Father's Name <i>Geo. W. Myers</i>				Mother's Name <i>105</i>					
Cause of		Primary <i>Malaria, Congential Hernia</i>					How long sick <i>About one week</i>		
Death		Immediate <i>Acute congestion of lungs</i>					<del>Accident, Suicide, Homicide</del>		
Reported by <i>Frank Hedger M. L.</i>									
Address <i>Frederick Md.</i>									
Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.									





Name in Full		Alice V. Nelson				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town	County		MARYLAND		
	Lum Key			Frederick				
	Date of death 1903	Month	Day	Age	Years	Months	Days	
	3		Mar		31		8 10	
	Sex		Color or Race		Birth-place			
	Female		Black		Indien's Creek			
	Married, Single or Widowed			Occupation				
	Name of Wife or Husband							
Father's Name					Father's Birthplace			
John Nelson					X			
Mother's Maiden Name					Mother's Birthplace			
Mary Wallace					Indien's Creek			
Name of person giving information					How related to deceased			
A. J. Peterson					Sister			
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary				How long			
	Immediate				How long			
	Meningitis				61 less days			
	Are the name, age, sex, color, date and place correctly given above?				Signature of Physician			
	Yes				J. B. Johnson			
				Address				
				Indien's Creek				
Accident or Suicide?								
				over				

Intervent Near 6<sup>th</sup>

" at Hope Hill,

Name  
in  
Full

Roger Oberlander


## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Frederick</i>		Town		<i>Frederick</i>		County		MARYLAND	
Date of death 1903	Month <i>Mar.</i>	Day <i>11</i>	Age <i>7</i>	Years	Months	Days			
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Frederick</i>						
Married, Single or Widowed			Occupation						
Name of Wife or Husband									
Father's Name <i>Wm Oberlander</i>					Father's Birthplace				
Mother's Maiden Name <i>Fannie Brzlenhofer</i>					Mother's Birthplace				
Name of person giving information					How related to deceased				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Diphtheria (Laryngeal)</i>	How long <i>about six days</i>
Immediate <i>Exhaustion</i>	How long <i>Gradual</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes.</i>	Signature of Physician <i>B. H. Hoke M.D.</i>
	Address <i>Frederick</i>
	<i>Md.</i>
Accident or Suicide?	

Whitcomb County -

Mar 12

C. C. C.

Name  
in  
Full

Ellsworth M.C. Odew

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Frederick.</i> Town		<i>Frederick</i> County		MARYLAND	
Date of death 190 <i>3</i>	Month <i>3</i>	Day <i>12</i>	Age <i>39</i>	Months <i>X</i>	Days <i>13</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>MD</i>		
Married, Single or Widowed <i>Single</i>	Occupation <i>leather making</i>				
Name of Wife or Husband <i>X</i>					
Father's Name <i>John B. Odew</i>			Father's Birthplace <i>Maryland</i>		
Mother's Maiden Name <i>Joanna Stowell</i>			Mother's Birthplace <i>Maryland</i>		
Name of person giving information <i>Sister</i>			How related to deceased <i>sister</i>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Phthisis Pulmonalis</i>	How long <i>1 Year</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. F. Gooden MD</i>
	Address <i>Frederick. MD</i>
Accident or Suicide? <i>No</i>	

F. Schmedel

March 14. 3. P. M.

Mt. Allivet Cemetery

*Amie E Ogle*

Town

County

Died at *Unionville Frederick*

MARYLAND

Date	1903	Month	Day	Y.	M.	D.	Native of	Occupation
		<i>March</i>	<i>1</i>	<i>X</i>	<i>1</i>	<i>20</i>	<i>Md.</i>	<i>X</i>
	<i>Male</i>	<i>White</i>	<i>Married</i>	<i>Widow</i>	<i>Divorced</i>			
	<i>Female</i>	<i>Colored</i>	<i>Single</i>	<i>Widower</i>	<i>Number of children living</i>			

Husband of

Wife

Father's Name

*Chas. A Ogle*

Mother's

Maiden Name

*Carrie Barnes*

Cause of

Primary

*Whooping Cough*

How long sick

*2 week*

Death

Immediate

*Bronchial Pneumonia*

Accident, Suicide, Homicide

Reported by

*Thomas P. Sappington M.D.*

Address

*Unionville Maryland,*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





**CERTIFICATE OF DEATH**

### CAUSES OF DEATH



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Date

of death 190

Sex

Married, Single  
or WidowedName of Wife or  
HusbandFather's  
NameMother's  
Maiden NameName of person giving  
Information

Town

County

MARYLAND

Month

Day

Years

Months

Days

Age

Color or  
RaceBirth-  
place

Occupation

## CAUSES OF DEATH

Primary

How long

Immediate

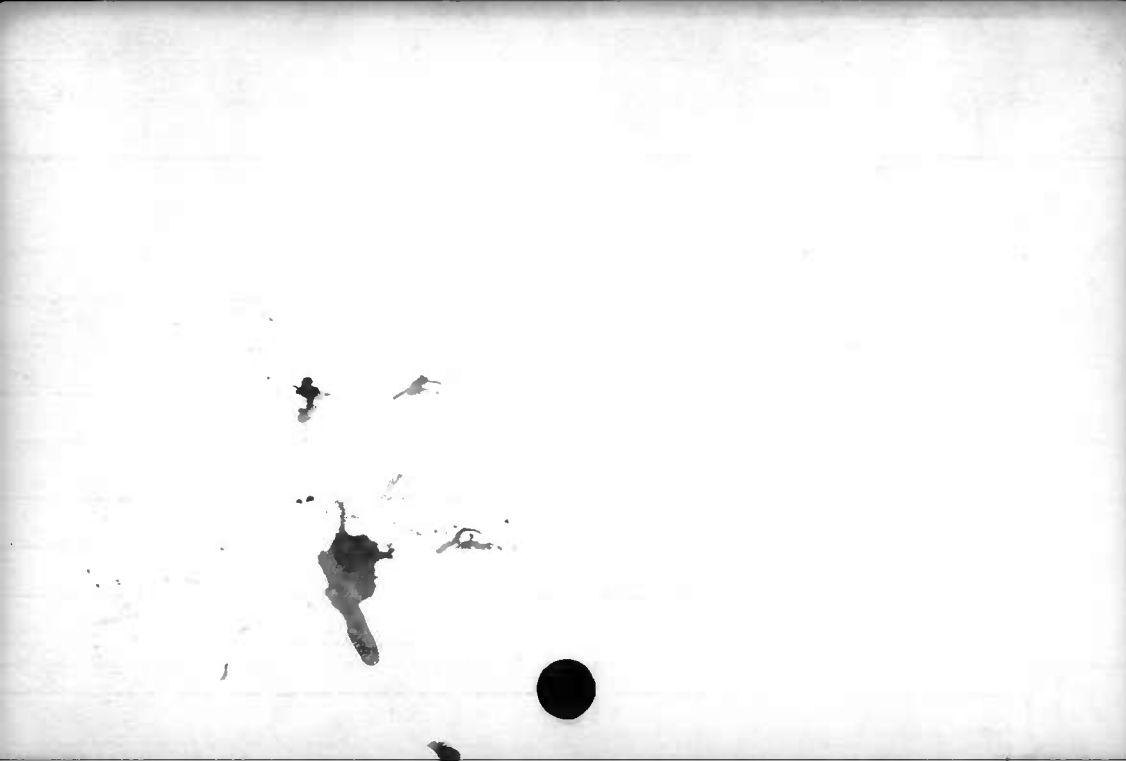
How long

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Address

Accident or Suicide?

PHYSICIAN  
OR CORONER



Name in Full

Certificate of Death

*Rachel Patterson*  
 Died at *Hotville* <sup>Town</sup> *Chandlers* <sup>County</sup> MARYLAND

Date 1901 *3* <sup>Month</sup> *23* <sup>Day</sup> Age *86-1-9* <sup>Y. M. D.</sup> Native of *Massachusetts* <sup>Occupation</sup>  
~~Male~~ <sup>Female</sup> ~~White~~ <sup>Colored</sup> ~~Married~~ <sup>Single</sup> ~~Widow~~ <sup>Widower</sup> ~~Divorced~~ <sup>Number of children living</sup>

Husband of *Robert Patterson*  
 Wife  
 Father's Name *Edward Popelov* Mother's Maiden Name *Unknown*

Cause of Death { Primary *Sa Gripping* 10. <sup>How long sick</sup> *10 days.*  
 Immediate *Bronchitis - Pneumonia.* <sup>Accident, Suicide, Homicide</sup>

Reported by *Dr. C. W. Hepburn, Jr.*  
 Address *Thurmont, Maryland*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Harry Eugene Plunkert -

Town

County

Brunswick

Frederick

MARYLAND

Died at

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

Mar. 27

Age

1 1 27

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

7

Husband  
of  
Wife

Father's

Name

Lewis James Plunkert

Mother's

Name

Ann Maria Plunkert

Cause of

Primary

Pneumonia

How long sick

11 days

Death

Immediate

Accident, Suicide, Homicide

Reported by

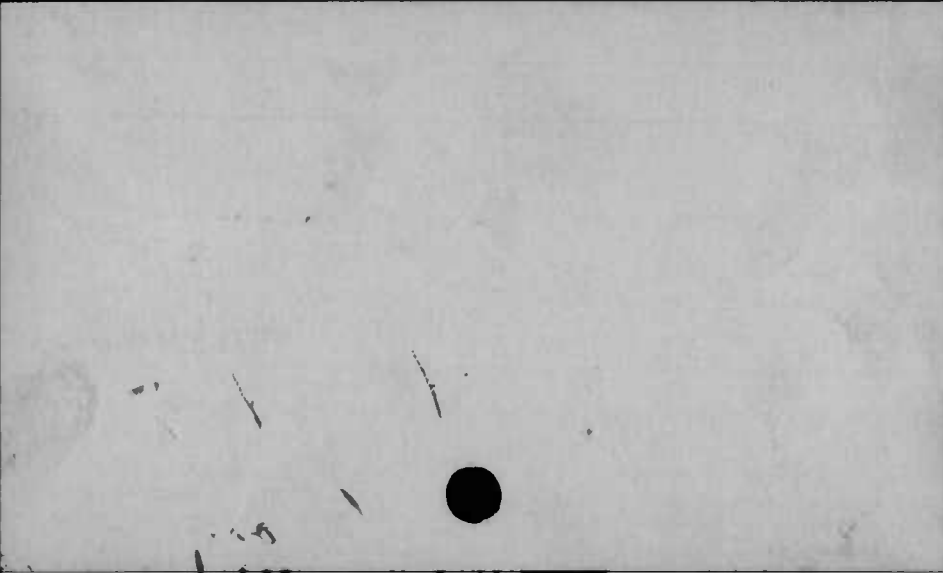
C. S. Risher Jr

Address

Brunswick Md

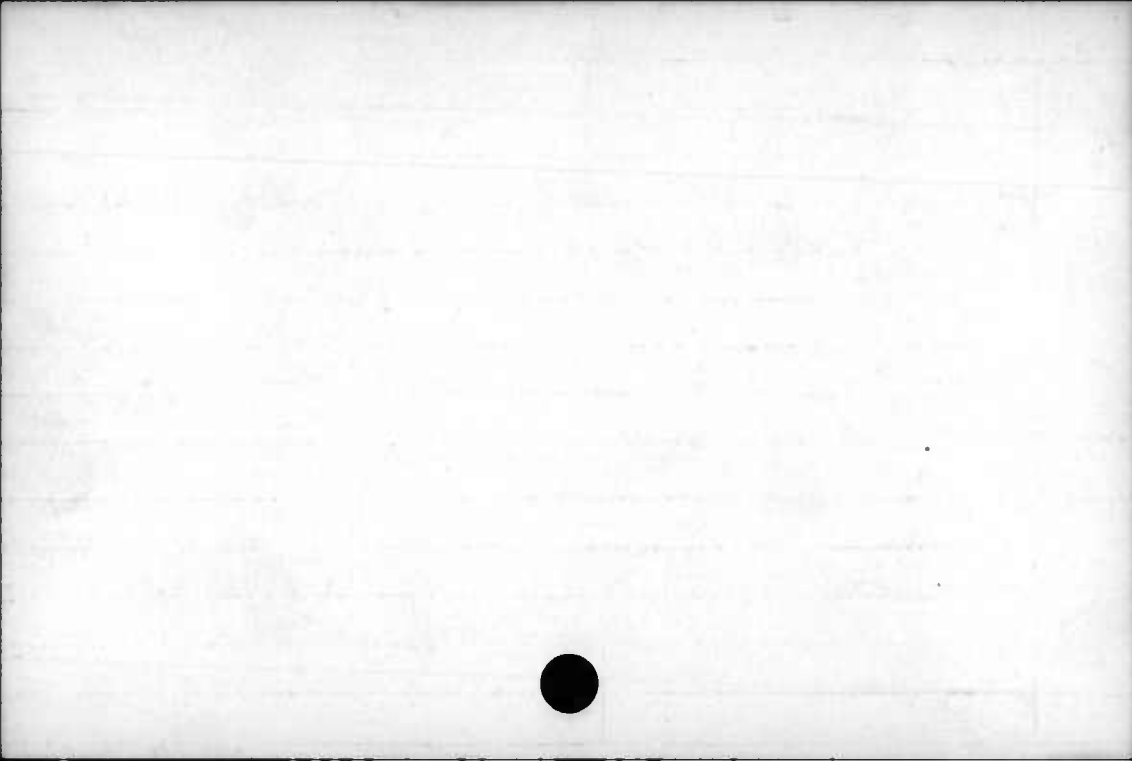
Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968





Name in Full		Harry Amos Price				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <sup>Town</sup> Brunswick		<sup>County</sup> Frederick		MARYLAND		
	Date of death 1903	Month March	Day 30	Age	Years	Months 11	Days 23
	Sex Male		Color or Race White		Birth- place Baltimore		
	Married, Single or Widowed Single		Occupation None				
	Name of Wife or Husband						
	Father's Name Charles Amos Price				Father's Birthplace Md		
	Mother's Maiden Name Maggie Conway Williams				Mother's Birthplace Md		
Name of person giving In formation Maggie C Price				How related to deceased mother			
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary Pneumonia				How long 5 weeks		
	Immediate Congestion of Lungs				How long 15 hours		
	Are the name, age, sex, color, date and place correctly given above? Yes				Signature of Physician A. J. Horine		
					Address Brunswick, Md.		
Accident or Suicide? No							



Mr George Richards

Town

County

MARYLAND

Died at near Frederick

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1913

3

30

Age

26

Us

H wife

~~Male~~

White

Married

~~Widow~~

Divorced

Female

Colored

Single

Widower

Number of children living

one

Husband of

Wife

George Richards

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Typhoid Fever

How long sick

one wk -

Death

Immediate

Premature - pneumonia  
Dysentery - Exhaustion

Accident, Suicide, Homicide

Reported by

Franklin Buchanan Smith M. D.

Address

Frederick Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Anne Eliza Rout


## CERTIFICATE OF DEATH

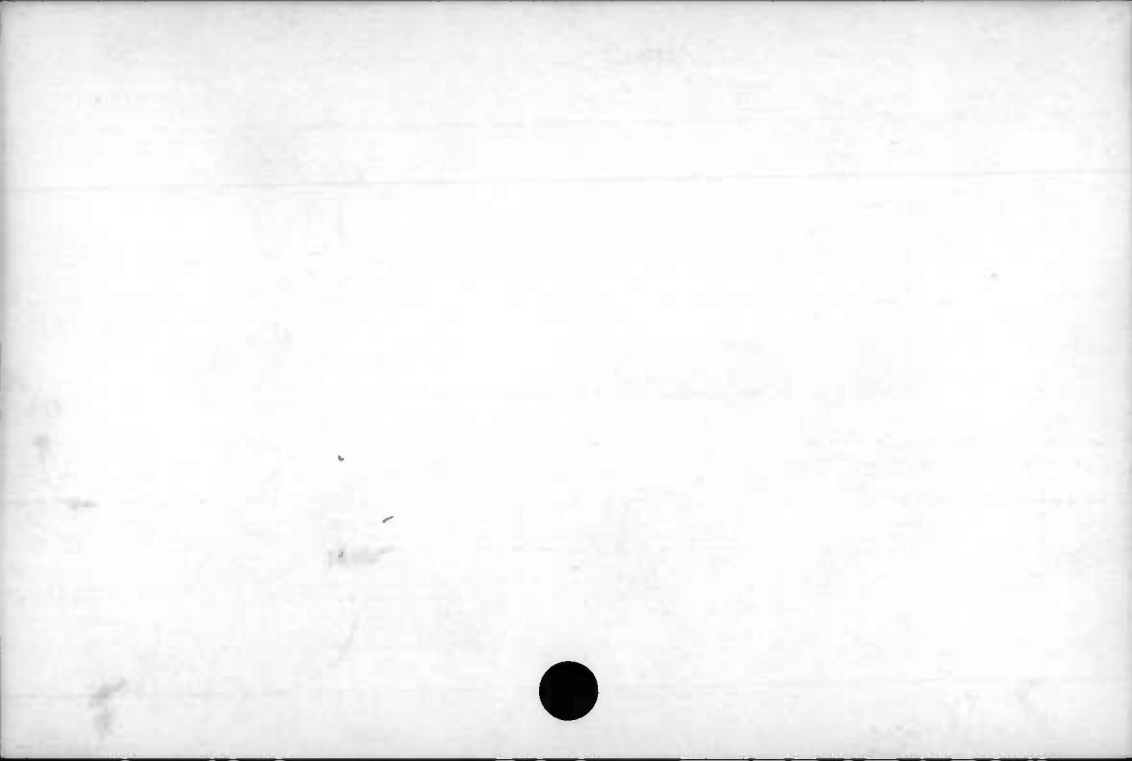
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Johnsville</i> <sup>Town</sup>		<i>Frederick</i> <sup>County</sup>		MARYLAND	
Date of death 190 <i>3</i>	Month <i>March</i>	Day <i>14</i>	Age <i>75</i> <sup>Years</sup>	Months <i>6</i>	Days <i>28</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Pennsylvania</i>		
Married, Single or Widowed <i>Married</i>		Occupation <i>Housewife</i>			
Name of Wife or Husband <i>William St. Rout</i>					
Father's Name <i>Andrew Abbott-</i>			Father's Birthplace <i>Pennsylvania</i>		
Mother's Maiden Name <i>Mary Ervick</i>			Mother's Birthplace <i>Pennsylvania</i>		
Name of person giving information <i>William St. Rout</i>			How related to deceased <i>Husband</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long <i>between 6 &amp; 7 yrs</i>
Immediate <i>Coma</i>	How long <i>short time - about 1 hr.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>F. H. Sidwell.</i>
	Address <i>Johnsville, Md.</i>
	Accident or Suicide? <i>No</i>



Name in Full

Certificate of Death

Mary Almeda Routzohn

Town

County

Died at

MARYLAND

1903

Date 189

Month

Day

Y.

M.

D.

Native of

Occupation

Middletown

Frederick

Age 32-3-7

Md

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~

Number of children living

Husband of

Wife

Father's

Name

Mother's

Name

D. B. Routzohn

Cora J. Bowles

Cause of

Primary

Chronic Bright's Disease

How long sick

2 years

Death

Immediate

Cerebral Hemorrhage

Accident, Suicide, Homicide

Reported by

A. A. Lamon - m.d.

Address

Middletown, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Name  
in  
Full

CERTIFICATE OF DEATH

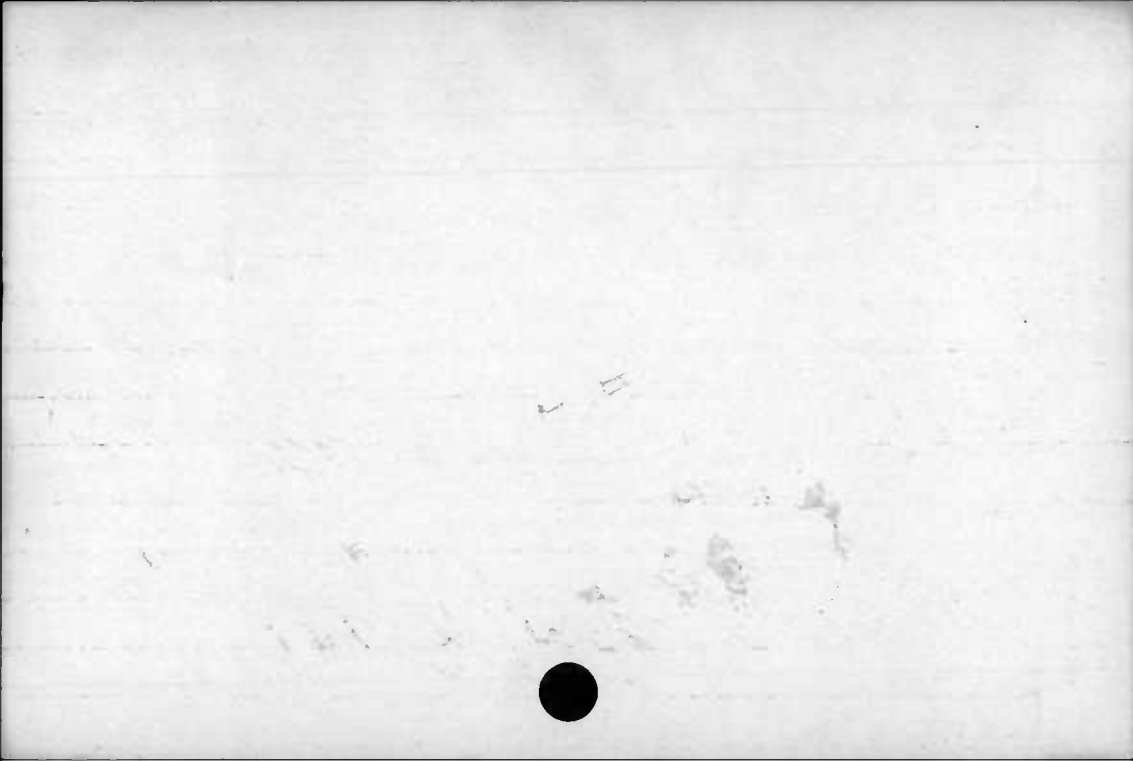
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Frederick</i> <small>Town</small>		<i>Frederick</i> <small>County</small>		MARYLAND	
Date of death 190	<i>3</i> <small>Month</small>	<i>16</i> <small>Day</small>	Age <i>—</i> <small>Years</small>	<i>—</i> <small>Months</small>	<i>—</i> <small>Days</small>
Sex <i>Female</i>	Color or Race <i>Colored</i>	Birth-place <i>Frederick</i>			
Married, Single or Widowed <i>Single</i>			Occupation <i>—</i>		
Name of Wife or Husband					
Father's Name <i>John A. D. Ryan</i>			Father's Birthplace <i>Fredk Co. Md.</i>		
Mother's Maiden Name <i>Rachel Williams</i>			Mother's Birthplace <i>Fredk. Co. Md.</i>		
Name of person giving information <i>John Ryan</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Premature birth</i>	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician <i>Dr. U. G. Bourne</i>
		Address <i>57 N. All Saint St. Fredk Md.</i>
Accident or Suicide?		



Name in Full

Certificate of Death

Calvin; Erlich Shankel

Town

County

Died at

MARYLAND

Bloomfield Frederick  
 Month Day Y. M. D. Native of Occupation  
 Date 1903 Mar 13 Age 49:13 Mo  
 Male White Married Widowed Divorced  
 Single Widower Number of children living

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70898



Name  
in  
Full

CERTIFICATE OF DEATH

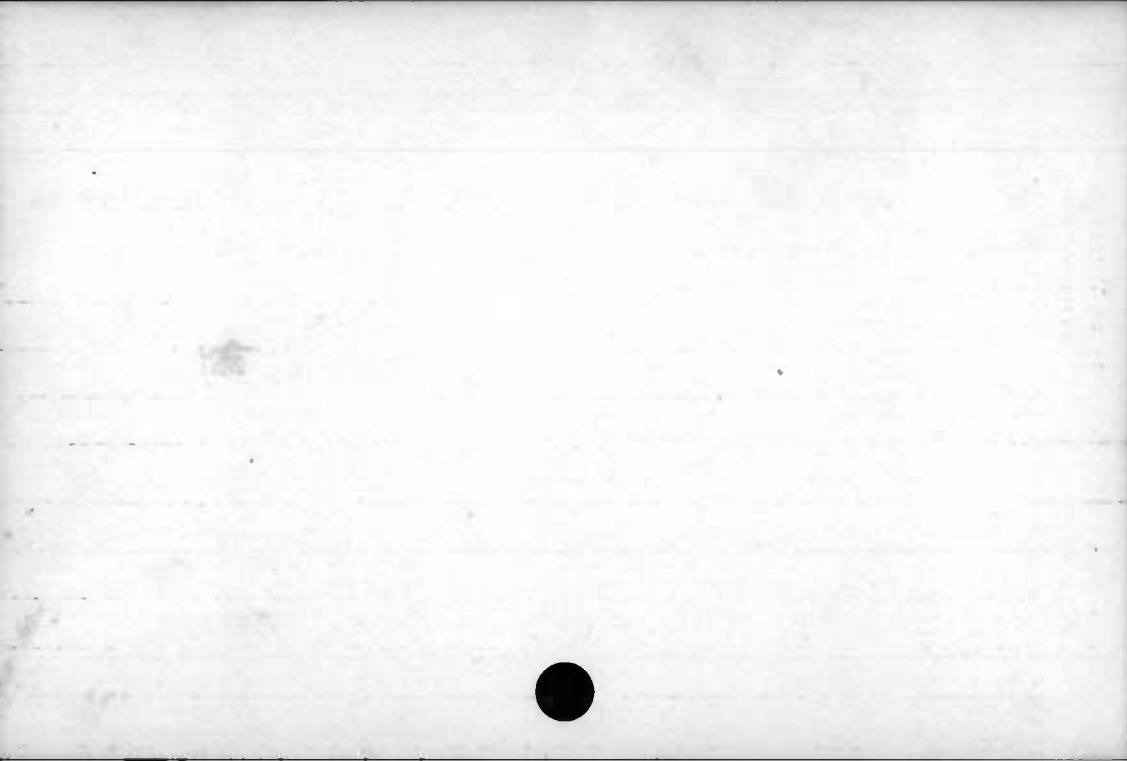
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Frederick</i> Town			<i>Frederick</i> County			MARYLAND		
Date of death 190	<i>3</i> Month	<i>25</i> Day	Age Years		Months <i>6</i>		Days	
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Frederick</i>					
Married, Single or Widowed <i>Single</i>			Occupation <i>- - -</i>					
Name of Wife or Husband								
Father's Name <i>Harry Simonson</i>			Father's Birthplace <i>Frederick</i>					
Mother's Maiden Name <i>Nannie Simonson</i>			Mother's Birthplace <i>Frederick</i>					
Name of person giving information						How related to deceased		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Bilateral Pneumonia</i>	How long <i>7 days</i>
Immediate <i>Exhaustion</i>	How long <i>12 hrs.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr. U. G. Bourne</i>
	Address <i>52 W. Saint St</i>
<input checked="" type="checkbox"/> Accident or Suicide?	



Name  
in  
Full

## CERTIFICATE OF DEATH

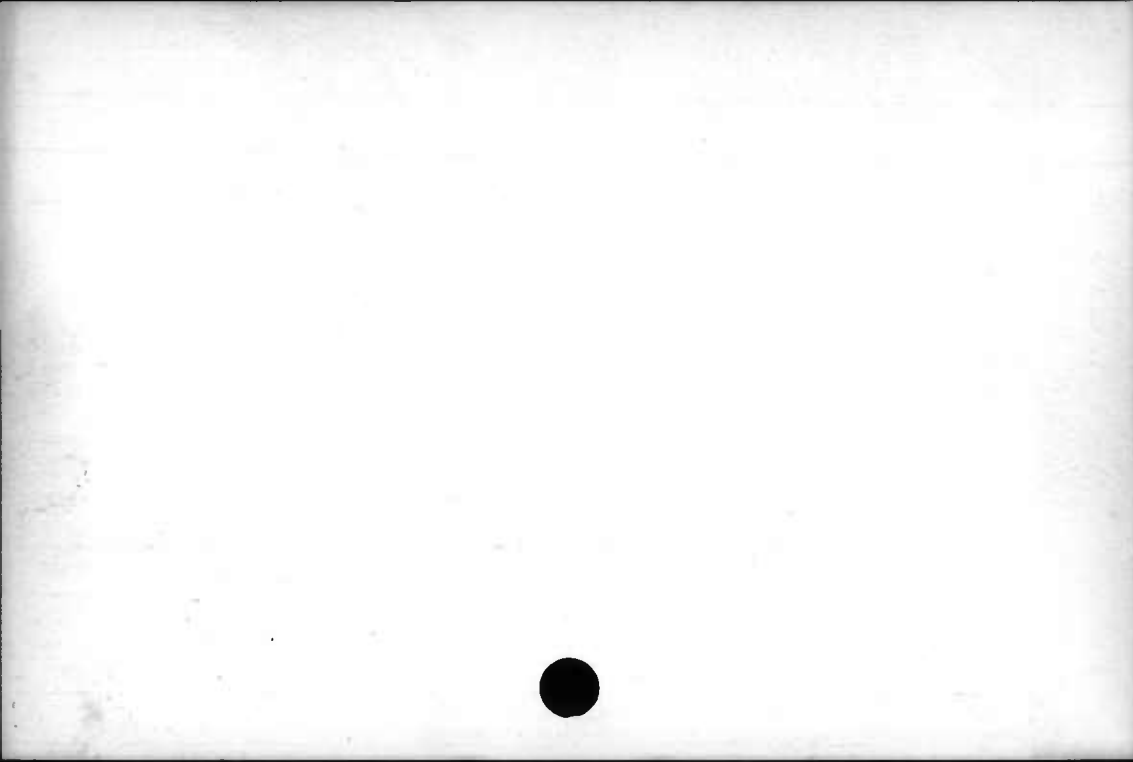
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Mount Airy</i>		Town <i>Frederick</i>		County		MARYLAND	
Date of death 190 <i>3</i>	Month <i>March</i>	Day <i>16</i>	Age <i>39</i>	Years	Months <i>9</i>	Days <i>4</i>	
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Lewisburg</i>					
Married, <del>Single</del> or Widowed		Occupation <i>Home wife</i>					
Name of <del>Wife</del> or Husband <i>Geo Smith</i>							
Father's Name <i>Yancy May</i>				Father's Birthplace <i>Virginia</i>			
Mother's Maiden Name <i>Eliza Hoffman</i>				Mother's Birthplace			
Name of person giving information <i>May (Brother of Dec)</i>				How related to deceased			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Consumption</i>	How long	<i>2 yrs</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>M L Creager</i>	
		Address <i>Underslates</i>	
Accident or Suicide?		<i>No Dr in Attendance</i>	





William M Smith

Died at <sup>Town</sup> *Liberty* <sup>County</sup> *Fredrick* MARYLAND

Date 1903	Month <i>March</i> Day <i>27</i>	Age <i>68</i>	Y. <i>4</i> M. <i>27</i> D.	Native of <i>Med</i>	Occupation <i>Farmer</i>
Male	White	Married	Widow	Divorced	
Female	Colored	Single	Widower	Number of children living <i>8</i>	

Husband of *Lavinia Fox*

Father's Name *William Smith* Mother's Maiden Name *Susanna Poppens*

Cause of Death { Primary *179* Immediate *Supposed to be Heart failure*

How long sick *But a few minutes*

Accident, Suicide, Homicide

Reported by *Thomas Linn*Address *Liberty Town* *Maryland*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Louise E. Stephens

CERTIFICATE OF DEATH

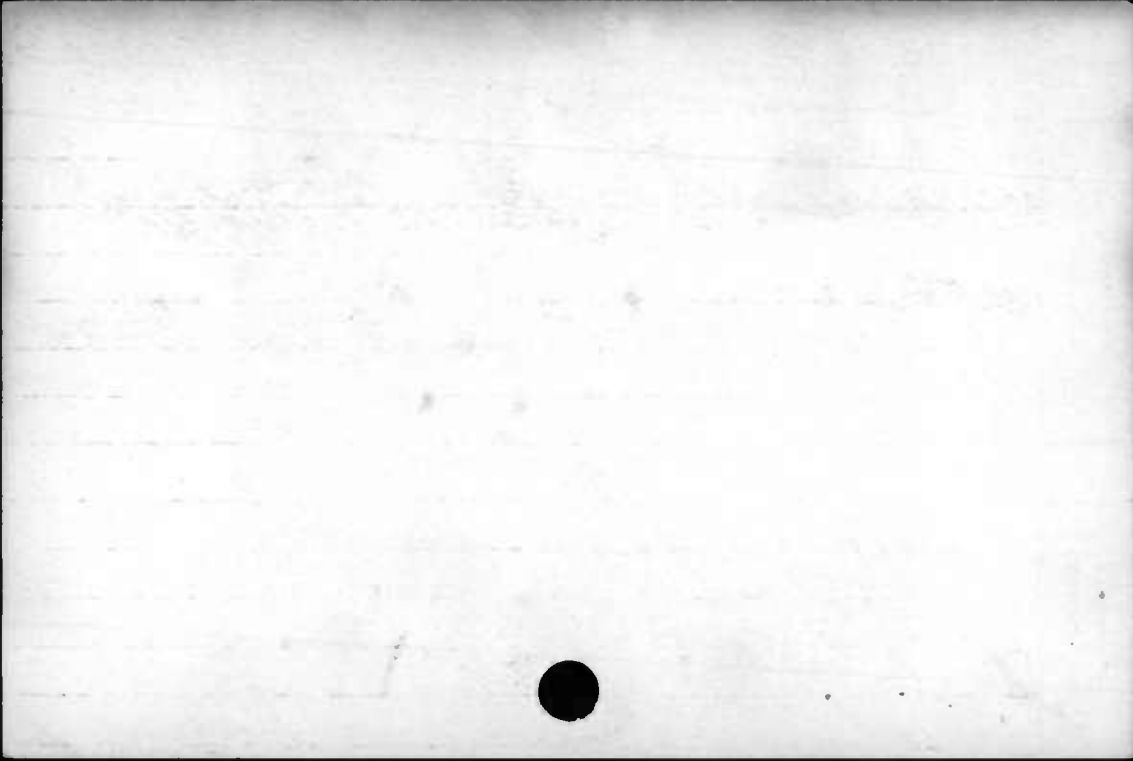
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Indueick</i> <sup>Town</sup>		<i>Indueick</i> <sup>County</sup>		MARYLAND	
Date of death 190 <i>3</i>	Month <i>Mar</i>	Day <i>2</i>	Age <i>75</i>	Months <i>6</i>	Days <i>10</i>
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Maryland.</i>	
Married, Single or Widowed <i>Widow</i>		Occupation <i>Lady.</i>			
Name of Wife or Husband <i>Arnold Stephens</i>					
Father's Name <i>Henry Bolster</i>				Father's Birthplace <i>Maryland.</i>	
Mother's Maiden Name <i>X</i>				Mother's Birthplace <i>Maryland</i>	
Name of person giving information <i>W.H.B. Elchenman</i>				How related to deceased <i>Cousin.</i>	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Senile Dementia 68</i>	How long <i>Thirteen four years.</i>
Immediate <i>Capillary Bronchitis</i>	How long <i>One week</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes.</i>	Signature of Physician <i>Thos. B. Johnson</i>
	Address <i>Indueick Md</i>
Accident or Suicide?	



Name In Full

Certificate of Death

John L. C. Stockman

Town

County

MARYLAND

Died at 6 miles from Indent Indent

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1903

3

11

Age

78

US-

Farmer

Male

White

Married

~~Widow~~

Divorced

~~Female~~~~Colored~~~~Single~~

Widower

Number of children living

7

Husband of

Wife X

Father's

Name

Don't know

Mother's

Maiden Name

Don't know

Cause of

Primary

Pneumonia -

93

How long sick

Death

Immediate

Heart Failure (Ordinary)

Accident, Suicide, Homicide

Reported by

Muelin Buchanan <sup>of Indent</sup> Indent

Address

Indent Md

Filed 1903

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 75825



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Gene M. Stewart* Town *Park Mills* County *Frederick* MARYLAND

Died at *near Park Mills*

Date of death 190*3* Month *Mar.* Day *10* Age *48* Years Months *0* Days *25*

Sex *Female* Color or Race *White* Birth-place *Ireland*

Married, Single or Widowed *Married* Occupation

Name of ~~Wife~~ or Husband *as. Stewart*

Father's Name *Rob. Drummond* Father's Birthplace *Ireland*

Mother's Maiden Name *Sophia Petersen* Mother's Birthplace *"*

Name of person giving information *Annie Stewart* How related to deceased *Slaughter*

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Paralysis* How long *66*

Immediate *Asthenia* How long

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *E. E. Mullin* Address *W. B. ...*

*8*

100





Name  
in  
Full

*Augustine Catherine Shea*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <i>Winnabow</i> <sup>Town</sup>		<i>Frederick</i> <sup>County</sup>	
Date of death 190 <i>3</i>	Month <i>8</i>	Day <i>13</i>	Age <i>74</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birthplace <i>Ireland</i>	Months <i>5</i> Days <i>18</i>
Married, Single or Widowed <i>Single</i>		Occupation <i>Religious</i>	
Name of Wife or Husband			
Father's Name <i>Stierce Shea</i>		Father's Birthplace <i>Ireland</i>	
Mother's Maiden Name <i>Mary Nuttall</i>		Mother's Birthplace <i>Ireland</i>	
Name of person giving information <i>Dr. Bernardine O'Donoghue</i>		How related to deceased <i>wife</i>	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Chico Colitis &amp; <del>Peritonitis</del></i>	How long <i>three days</i>
Immediate <i>Peritonitis</i>	How long <i>one day</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>John B. Braum</i>
<i>106</i>	Address <i>Winnabow</i>
Accident or Suicide?	



Name  
in  
Full

Margaret Thomas

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at			Town Frederick		County Frederick		MARYLAND	
Date of death 1903		Month 3	Day 23	Age	Years 1	Months 5	Days	
Sex Female		Color or Race Black		Birth- place Md				
Married, Single or Widowed				Occupation				
Name of Wife or Husband								
Father's Name Wm Thomas						Father's Birthplace Va		
Mother's Maiden Name Mary Brooks						Mother's Birthplace Md		
Name of person giving Information Mary Brooks						How related to deceased mother		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Measles complicated with diphtheria		How long 3 weeks
Immediate Convulsion following measles		How long 3 days
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician J. C. Campbell
		Address Frederick, Md
Accident or Suicide?		



Name  
in  
Full

CERTIFICATE OF DEATH

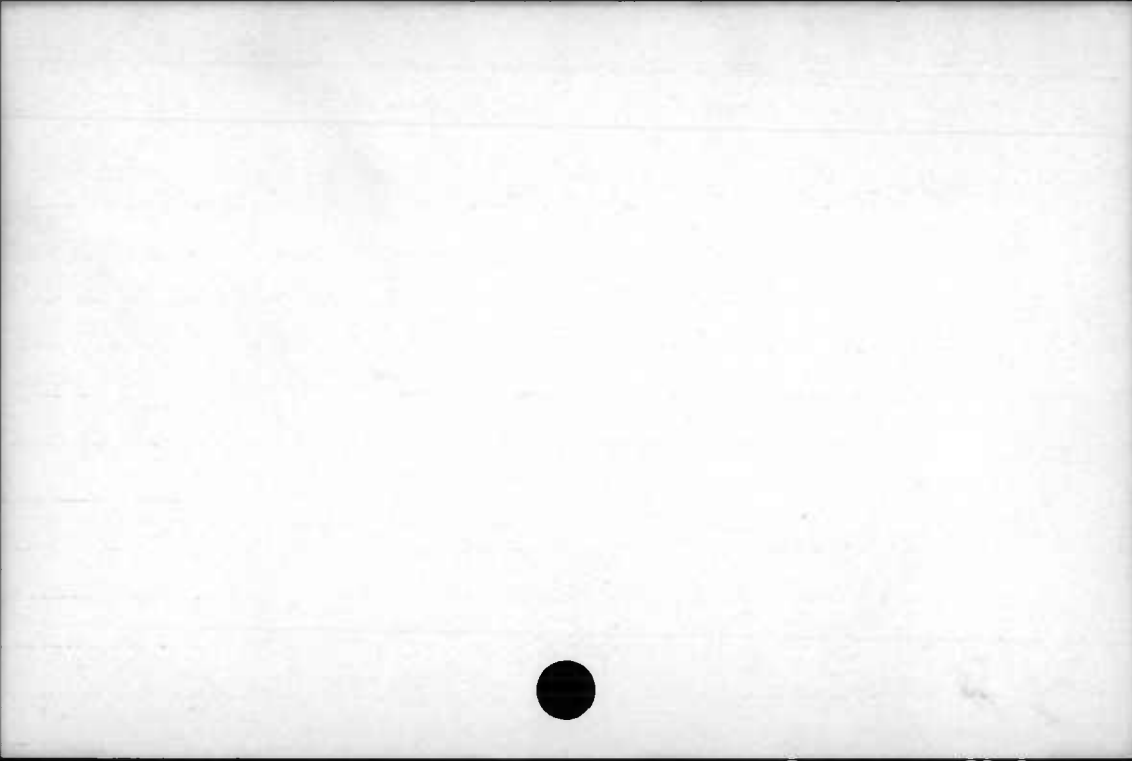
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death	1902	Month	May	Day	6	Age	1
Sex	Male	Color or Race	Colored	Birth-place	Centerville		
Married, Single or Widowed				Occupation			
Name of Wife or Husband							
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information				How related to deceased			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Pneumonia 93	How long	3 days
Immediate	convulsions	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address	
Accident or Suicide?			



Name In Full

Certificate of Death

Susan Catherine Todd

Town

County

Died at Union Frederick

MARYLAND

Date 1903 Month 3 Day 12 Y. M. D. Age 74 Native of Occupation

~~Male~~

White

Married

Widow

~~Divorced~~

Female

~~Colored~~

Single

Widower

Number of children living

One

Husband of Mrs H. Todd dec  
Wife

Father's Name John Stauffer

Mother's Name Ellen Stoner

Cause of Primary Paralysis

How long sick 13 yrs

Death Immediate Heart failure

66

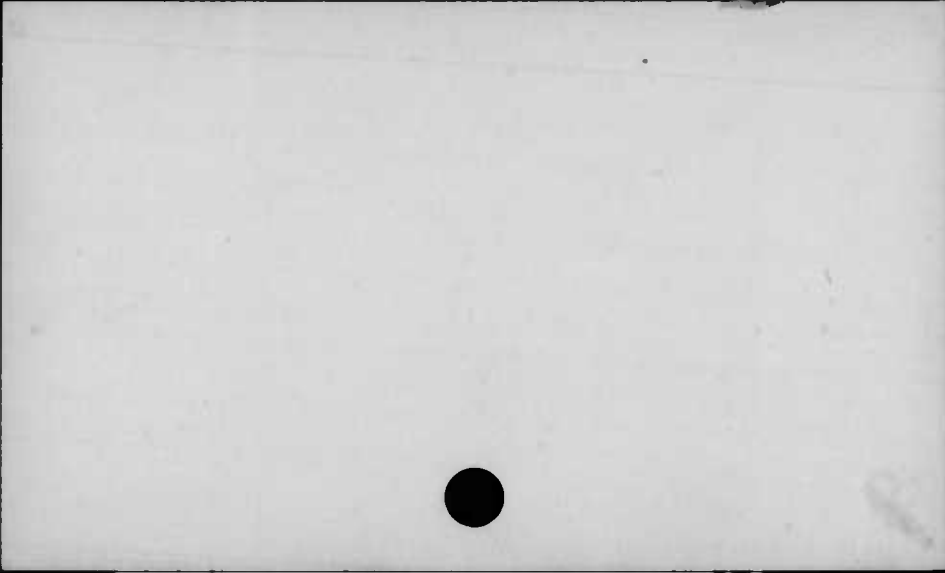
~~Accident, Suicide, Homicide~~

Reported by

Address J. Lewis

J. H. Little

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Name In Full

Certificate of Death

John David Toyell

Died at <sup>Town</sup> Emmitsburg <sup>County</sup> Frederick Co MARYLAND

Date 19	13	Month	March	Day	10	Age	2	Y.	M.	D.	12	Native of	Ind	Occupation	None
Male		White		Married		Widow		Divorced		Number of children living					
Female		Colored		Single		Widower									

Husband of

Wife

Father's Name	Federick Law. Toyell	Mother's Maiden Name	Hallie Elder Ott
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Cause of	Primary	Indigestion	How long sick	2 hours
Death	Immediate	Spasms	Accident, Suicide, Homicide	

Reported by	W. Richelberger	M. L.
Address	Emmitsburg	Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Mrs Blaine Tucker

## CERTIFICATE OF DEATH

MARYLAND

Died at <i>Araby</i> Town		<i>Frederick</i> County			
Date of death 190 <i>3</i>	<i>3</i> Month	<i>27</i> Day	<i>24</i> Years Ago	<i>—</i> Months	<i>—</i> Days
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>md</i>			
Married, Single or Widowed <i>Married</i>		Occupation <i>H.M.</i>			
Name of <del>Wife</del> or Husband <i>Blaine Tucker</i>					
Father's Name <i>Baer</i>			Father's Birthplace <i>md</i>		
Mother's Maiden Name			Mother's Birthplace <i>md</i>		
Name of person giving information <i>Doctor</i>			How related to deceased <i>none</i>		

## CAUSES OF DEATH

Primary <i>Typhoid Fever</i>	How long <i>10 days</i>
Immediate <i>Pneumonia - Exhaustion</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Chas F. Gordon md</i>
	Address <i>Frederick. md</i>
Accident or Suicide? <i>X</i>	



Name  
in  
Full

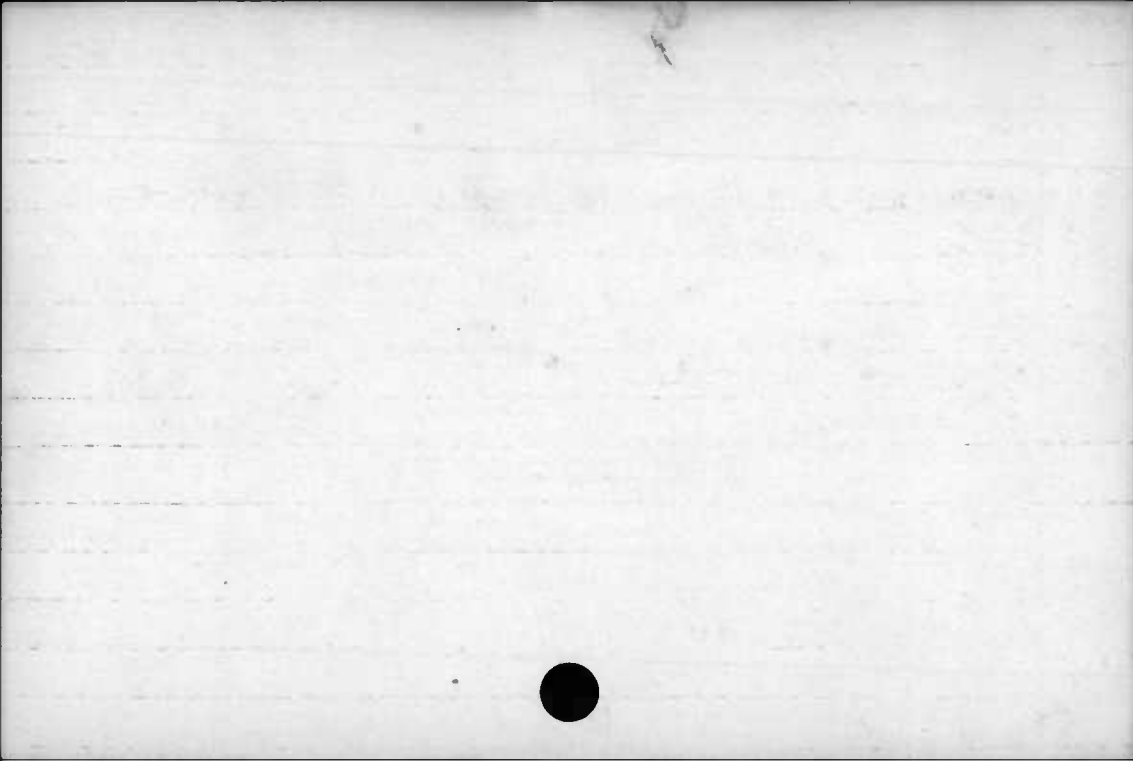
TO BE ANSWERED BY  
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at <i>Frederick</i> Town		<i>Frederick</i> County		MARYLAND	
Date of death 1903	Month <i>March</i>	Day <i>4<sup>th</sup></i>	Years <i>28</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>Md.</i>		
Married, Single or Widowed <i>Married</i>		Occupation <i>Carpenter</i>			
Name of Wife or Husband <i>Cora Young Tyler</i>					
Father's Name <i>Nathan Tyler</i>			Father's Birthplace <i>Md.</i>		
Mother's Maiden Name <i>Margaretta Tyler</i>			Mother's Birthplace <i>Md.</i>		
Name of person giving information <i>Cora Tyler</i>			How related to deceased <i>Wife</i>		

CAUSES OF DEATH

Primary <i>(1) Phthisis and Pneumonia</i>	How long <i>(1) 12 mos.</i>	<i>(2)</i>	How long <i>(2) 10 days</i>
Immediate <i>Exhaustion</i>	How long <i>About 2 days</i>		
Are the name, age, sex, color, date and place correctly given above? <i>Yes, as well as could be ascertained</i>	Signature of Physician <i>Dr. W. G. Bourne</i>		
Accident or Suicide?	Address <i>57 Hill Saint St. Frederick, Md.</i>		



Name in Full

Certificate of Death

George Floyd. Turner

Died at <sup>Town</sup> Frederick<sup>County</sup> \_\_\_\_\_

MARYLAND

Date 19	03	Month	3	Day	25	Age	Y.	M.	D.	Native of	U.S.	Occupation	School boy
Male	White	<u>Married</u>	<u>Widow</u>	<u>Divorced</u>									
<u>Female</u>	<u>Colored</u>	Single	<u>Widower</u>	Number of children living									

Husband of

Wife <sup>x</sup>

Father's Name	Hammond Turner	Mother's Maiden Name	Miss Mary L. Floyd
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Cause of Death	Primary	Measles	How long sick	21 days
Death	Immediate	Broncho Pneumonia	Accident, Suicide, Homicide	

Reported by	Franklin T. Buchanan	Original
Address	Frederick	ill

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Name  
in  
Full

Edna Willard

Utterbrook

## CERTIFICATE OF DEATH

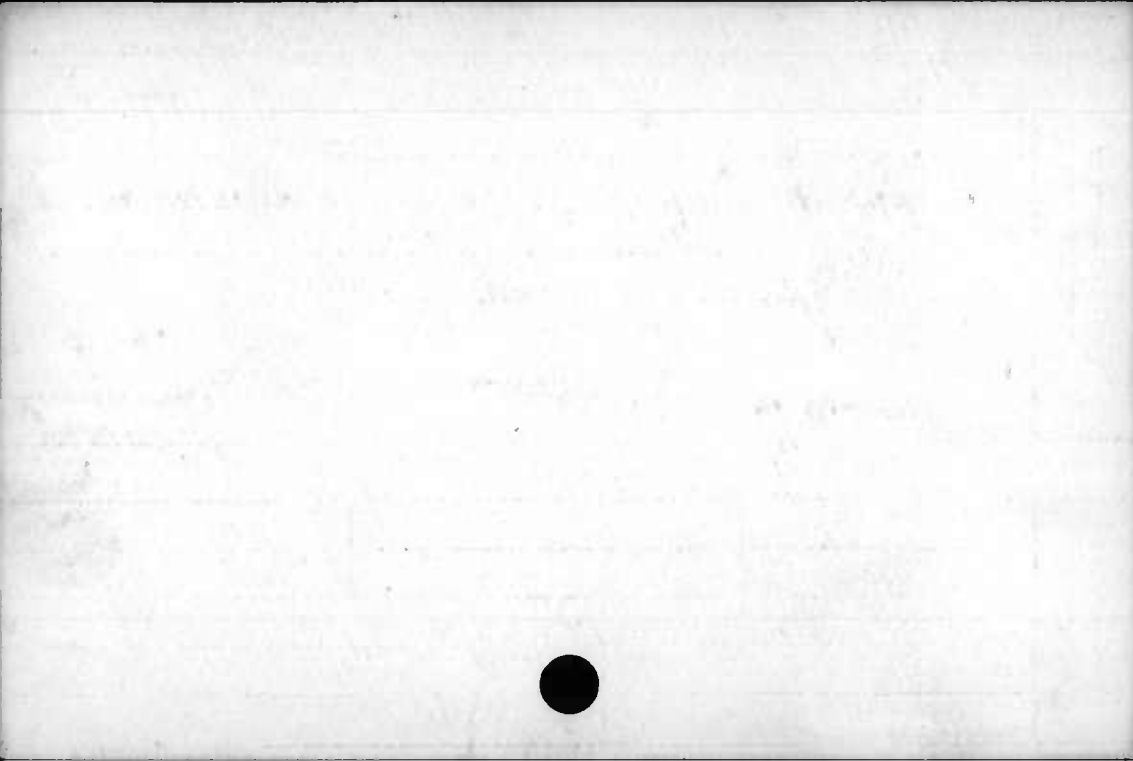
TO BE ANSWERED BY  
NEAREST FRIEND

Died at 13 Brunswick		Town		Franklin		County		MARYLAND	
Date of death 1903		Month Mar		Day 7		Age 3		Years 3	
Sex Female		Color or Race white		Birth-place		Greenock Co			
Married, Single or Widowed		Single		Occupation		Ches			
Name of Wife or Husband									
Father's Name William W. Utterbrook					Father's Birthplace W. Va				
Mother's Maiden Name Emma Willard Thomas					Mother's Birthplace Ind				
Name of person giving information H. W. Utterbrook					How related to deceased Father				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary		Infectious		How long 10 days	
Immediate		Bronchopneumonia		How long 5 days	
Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician Levin Frost	
				Address 13 Brunswick	
Accident or Suicide?					



Name  
in  
Full

CERTIFICATE OF DEATH

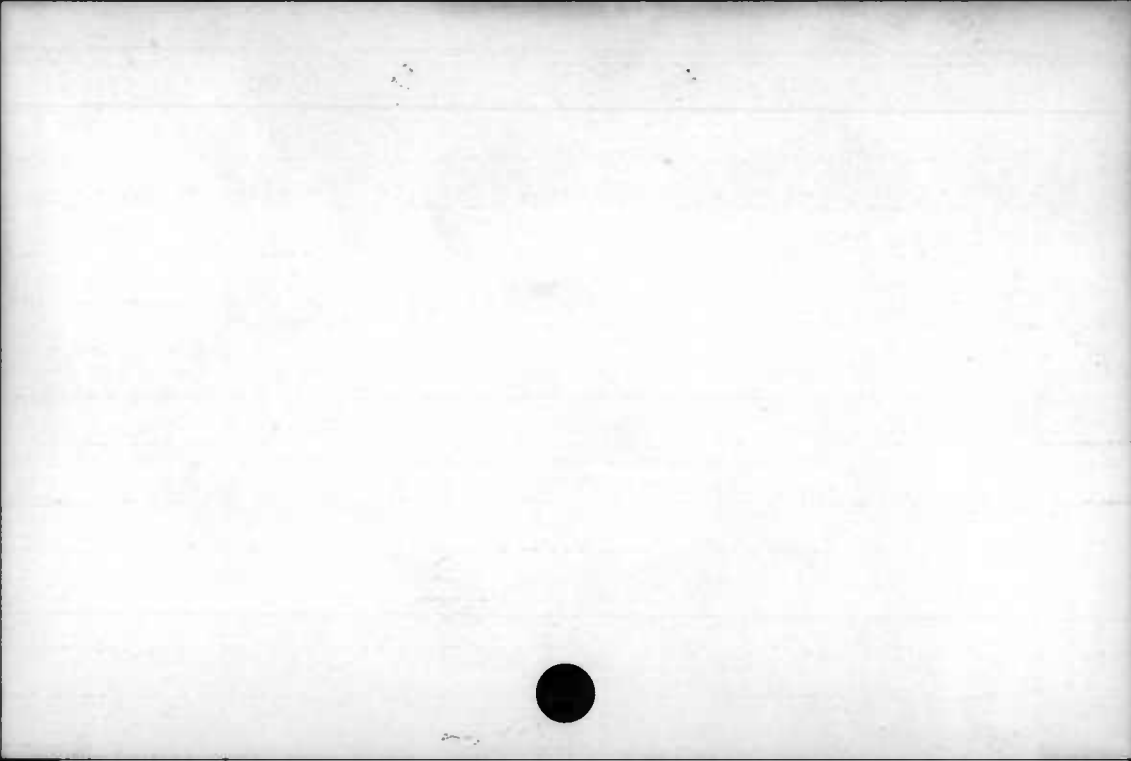
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Linganore Hills</i> Town		<i>Frederick</i> County		MARYLAND	
Date of death 190 <i>3</i>	Month <i>3</i>	Day <i>24</i>	Years <i>—</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Linganore, Hills</i>	
Married, Single or Widowed <i>—</i>			Occupation <i>—</i>		
Name of Wife or Husband <i>—</i>					
Father's Name <i>Chas. Edward Maeters</i>			Father's Birthplace <i>Woodsboro</i>		
Mother's Maiden Name <i>Ella Hartsock</i>			Mother's Birthplace <i>Pine Grove Pa</i>		
Name of person giving information <i>Father</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Spill Born</i>	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>H. Schroeder, Under-</i>	
	Address <i>Frederick, Md.</i>	
Accident or Suicide?		



Name in Full

Certificate of Death

*Bellie Washaer*

*(No 9-)*

Town

County

Died at *Plane 41*

*Frederick*

MARYLAND

Date 19*03*

Month

Day

Y.

M.

D.

Native of

Occupation

*3 . 3 .*

Age

*6 , 4*

*Ind .*

*Chieft*

☒ Male

☒ White

☒ Married

☒ Widow

☒ Divorced

☐ Female

☒ Colored

☐ Single

☒ Widower

Number of children living

Husband  
of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

*Long gun ?*  
*Croup*

How long sick

*3 days*

Death

Immediate

Accident, Suicide, Homicide

Reported by

*Hopkins & Downing*  
*New Market Md*

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Emmitsburg</i> <sup>Town</sup>		<i>Frederick</i> <sup>County</sup>		MARYLAND		
Date of death 1903	Month <i>3</i>	Day <i>6</i>	Age	Years <i>5</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Emmitsburg</i>			
Married, Single or Widowed <i>Single</i>		Occupation <i>Infant, none</i>				
Name of Wife or Husband						
Father's Name <i>Albert C Wetzel</i>			Father's Birthplace <i>Emmitsburg</i>			
Mother's Maiden Name <i>Susan Little</i>			Mother's Birthplace <i>Emmitsburg</i>			
Name of person giving information <i>Albert C. Wetzel</i>			How related to deceased <i>Father</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Chronic Bronchitis</i>	How long <i>Two weeks</i>
Immediate <i>Congestion of the lungs</i>	How long <i>one day</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>John B. Brown, M.D.</i>
	Address <i>Emmitsburg</i>
Accident or Suicide?	





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at *Frederick* TownCounty *Frederick*

MARYLAND

Date of death 190 *3* Month *3* Day *12* Age Years *Y* Months *2* Days *2*

Sex *Female* Color or Race *wh* Birth-place *md*

Married, Single or Widowed *X* Occupation *X*

Name of Wife or Husband *X*

Father's Name *Harry B. Miller*

Father's Birthplace *md*

Mother's Maiden Name *Jennie Miller*

Mother's Birthplace *md*

Name of person giving information *Doctor*

How related to deceased *X*

## CAUSES OF DEATH

Primary *Cerebral Hemorrhage*

How long *1 day*

Immediate *Exhaustion*

How long

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *C. F. Goodace, MD*

Address

*Frederick, md*

Accident or Suicide? *no*

W. L. Olcott

c c c

Name in Full

Certificate of Death

Harriet Elizabeth Wolfe

Died at

Town

Thurmont

County

Frederick

MARYLAND

Date 1903

Month

Day

3 - 31

Age

Y.

M.

D.

34 - 5 - 29

Native of

Maryland

Occupation

House-wife

~~Male~~

White

Married

~~Widow~~~~Divorced~~

Female

~~Colored~~~~Single~~Widower

Number of children living

4

Husband of

W. W. Wolfe

Father's Name

Simon Willhite

Mother's

Maiden Name

Catherine E. Williard

Cause of

Primary

Paralysis

66.

How long sick

7 months

Death

Immediate

Vicarious Hemorrhage

Accident, Suicide, Homicide

Reported by

James K. Watkins M.D.

Address

Thurmont Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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